

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

ANNUAL REPORT
1995



STATE OF FLORIDA
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

95 MAR -1 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000000458 (9)

MERISEL FAB. INC.

Principal Place of Business: 200 CONTINENTAL BLVD. EL SEGUNDO CA 90245
Mailing Address: 200 CONTINENTAL BLVD. EL SEGUNDO CA 90245

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/28/1994		3a. Date of Last Report	
4. FEI Number 95-4454640		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.03, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
21. Principal Place of Business	22. Mailing Address	23. State, Apt. #, etc.	24. City & State
25. Zip	26. Country	27. Zip	28. Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM, INC. SUITE 105 1201 HAYS STREET, SUITE 105 TALLAHASSEE FL 32301		B1	Name
		B2	Street Address (P.O. Box Number is Not Acceptable)
		B3	
		B4	City
		FL	B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME	PD PICKETT, MICHAEL D 200 CONTINENTAL BLVD. EL SEGUNDO CA 90245	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME	VDS BRILL, JAMES L 200 CONTINENTAL BLVD. EL SEGUNDO CA 90245	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 NAME	T JENSON, TIMOTHY N 200 CONTINENTAL BLVD. EL SEGUNDO CA 90245	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12.4 NAME		3.2 NAME	V/T
12.5 NAME		3.3 STREET ADDRESS	Timothy N. Jenson
12.6 NAME		3.4 CITY - ST - ZIP	200 Continental Bl.
12.7 NAME		4.1 TITLE	El Segundo, CA 90245
12.8 NAME		4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.9 NAME		4.3 STREET ADDRESS	
12.10 NAME		4.4 CITY - ST - ZIP	
12.11 NAME		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.12 NAME		5.2 NAME	
12.13 NAME		5.3 STREET ADDRESS	
12.14 NAME		5.4 CITY - ST - ZIP	
12.15 NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.16 NAME		6.2 NAME	
12.17 NAME		6.3 STREET ADDRESS	
12.18 NAME		6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(4)(b), Florida Statutes. I further certify that the information reported on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made in a public capacity. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of Block 11 of this report, or in my attachment with an address.

SIGNATURE: Timothy N. Jenson 2/22/95 (310) 615-3080