

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F94000004094 (8)

1. Corporation Name:

DELL MARKETING CORPORATION



Principal Place of Business

Mailing Address

2625 CONCORD PIKE  
STE 400  
WILMINGTON DE 19803  
US

2625 CONCORD PIKE  
STE 400  
WILMINGTON DE 19803  
US

2. Principal Place of Business

2a. Mailing Address

21 3513 CONCORD PIKE

26 3513 CONCORD PIKE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 3000

27 SUITE 3000

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Signature, typed or printed name of registered agent, and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	DELL, MICHAEL S	
STREET ADDRESS	9505 ARBORETOWN BLVD.	
CITY-ST-ZIP	AUSTIN TX	
TITLE	AV	<input type="checkbox"/> DELETE
NAME	GARNIEWSKI, JOHN P	
STREET ADDRESS	2625 CONCORD PIKE	
CITY-ST-ZIP	WILMINGTON DE	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	GUILLERY, MARY	
STREET ADDRESS	2625 CONCORD PIKE	
CITY-ST-ZIP	WILMINGTON DE	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2214 W. BRAKER LANE
1.4 CITY-ST-ZIP	AUSTIN, TX 78758
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	3513 CONCORD PIKE, SUITE 3000
2.4 CITY-ST-ZIP	WILMINGTON, DE 19803
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MARY GUILLORY
3.3 STREET ADDRESS	3513 CONCORD PIKE, SUITE 3000
3.4 CITY-ST-ZIP	WILMINGTON, DE 19803
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated 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 under oath; that 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 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN P. GARNIEWSKI, JR.  
ASST. V. P.

(302) 477-1260

Date

Daytime Phone #

CR2E034 (12/95)