

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 # F94000004152 (4)

1. Corporation Name

~~WHOLESALE CELLULAR USA, INC.~~

~~BRIGHTPOINT, INC.~~ BRIGHTPOINT (DELAWARE), INC.

Principal Place of Business

5732 W. 71ST ST
INDIANAPOLIS IN 46278

Mailing Address

5732 W. 71ST ST
INDIANAPOLIS IN 46278



3. Date Incorporated or Qualified
08/10/1994

3a. Date of Last Report
03/07/1995

2. Principal Place of Business

21 6402 CORPORATE DR

2a. Mailing Address

26 6402 CORPORATE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 INDIANAPOLIS, IN

Zip

24 46278

Country

25 USA

City & State

28 INDIANAPOLIS, IN

Zip

29 46278

Country

30 USA

4. FEI Number

35-1778566

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

HOWELL, J. MARK
2876 NW 72ND AVE
MIAMI FL 33122

10. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CPD ☐ DELETE

NAME LAIKIN, ROBERT J
STREET ADDRESS 5732 W. 71ST ST
CITY-ST-ZIP INDIANAPOLIS IN

TITLE VP ☐ DELETE

NAME HOUSEFIELD, T. SCOTT
STREET ADDRESS 5732 W. 71ST ST
CITY-ST-ZIP INDIANAPOLIS IN

TITLE D ☐ DELETE

NAME DICK, ROLLIN M
STREET ADDRESS 11825 N. PENNSYLVANIA ST
CITY-ST-ZIP CARMEL IN 46032

TITLE D ☐ DELETE

NAME SANDS, STEVEN B
STREET ADDRESS 101 PARK AVE
CITY-ST-ZIP NEW YORK NY 10178

TITLE D ☐ DELETE

NAME WAGNER, ROBERT F
STREET ADDRESS 501 INDIANA AVE #200
CITY-ST-ZIP INDIANAPOLIS IN 46202-3199

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

6402 CORPORATE DR
INDIANAPOLIS, IN 46278

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

VD
6402 CORPORATE DR
INDIANAPOLIS, IN 46278

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

000001801810
-04/30/96--01097--047
***200.00

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

VD
HOWELL, J. MARK
6402 CORPORATE DR
INDIANAPOLIS, IN 46278

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

VD
HOWELL, J. MARK
6402 CORPORATE DR
INDIANAPOLIS, IN 46278

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

VD
HOWELL, J. MARK
6402 CORPORATE DR
INDIANAPOLIS, IN 46278

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

Date

Daytime Phone #

CR2E034 (12/95)