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FILED
May 24 1996 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000006024 (3)

1. Corporation Name

MICROAGE PAYMASTER, INC.

Principal Place of Business

2400 S MICROAGE WAY
MS #8
TEMPE AZ 85282
US

Mailing Address

2400 S MICROAGE WAY
MS #8
TEMPE AZ 85282-1896
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified
11/22/1994

3a. Date of Last Report
04/24/1995

4. FEI Number
86-0778356

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION FL 33324

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 officer 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 C
NAME MCKEEVER, JEFFREY D
STREET ADDRESS 2400 S MICROAGE WAY
CITY-ST-ZIP TEMPE AZ ☐ DELETE

TITLE SD
NAME HALD, ALAN P
STREET ADDRESS 2400 S MICROAGE WAY
CITY-ST-ZIP TEMPE AZ ☐ DELETE

TITLE P
NAME WATERS, KENNETH R
STREET ADDRESS 2400 S MICROAGE WAY
CITY-ST-ZIP TEMPE AZ ☒ DELETE

TITLE T
NAME SCHEEL, CURTIS J.
STREET ADDRESS 2400 S MICROAGE WAY
CITY-ST-ZIP TEMPE AZ ☒ DELETE

TITLE AS
NAME FRANKEL, JEFFREY A.H.
STREET ADDRESS 2400 S MICROAGE WAY
CITY-ST-ZIP TEMPE AZ ☐ DELETE

TITLE AT
NAME STORCK, RAYMOND L
STREET ADDRESS 2400 S MICROAGE WAY
CITY-ST-ZIP TEMPE AZ ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE P ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE T ☐ Change ☒ Addition
4.2 NAME James R. Daniel
4.3 STREET ADDRESS 2400 S. MicroAge Way
4.4 CITY-ST-ZIP Tempe, AZ 85282

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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:

Jeffrey Frankel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/22/96 (602) 366-2345

Date

Daytime Phone #

CR2E034 (12/95)