

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000000995 (8)**

1. Corporation Name
BELL MICROPRODUCTS, INC.



Principal Place of Business 1941 RINGWOOD AVE. SAN JOSE CA 95131	Mailing Address 1941 RINGWOOD AVE. SAN JOSE CA 95131-1721
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3. Date Incorporated or Qualified 02/27/1996	3a. Date of Last Report
4. FEI Number 94-3057566	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. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 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	85 Zip Code
	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, W D	1.2 NAME	
STREET ADDRESS	1941 RINGWOOD AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SAN JOSE CA 95131	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STURGEN, BOB	2.2 NAME	
STREET ADDRESS	1941 RINGWOOD AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAN JOSE CA 95131	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANESSA, REMO	3.2 NAME	
STREET ADDRESS	1941 RINGWOOD AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAN JOSE CA 95131	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENISTEN, GLENN E	4.2 NAME	
STREET ADDRESS	2200 SAND HILL RD., #250	4.3 STREET ADDRESS	
CITY-ST-ZIP	MENLO PARK CA 94025	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, GORDON	5.2 NAME	
STREET ADDRESS	3050 ZANKER RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SAN JOSE CA 95134	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEEDELE, JOHN H	6.2 NAME	
STREET ADDRESS	7148 E. HELM AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	SCOTTSDALE AZ 85252	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED
4/30/97 (408)451-9400
Date Daytime Phone #

CR2E034 (9/96)