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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #	F96000000995	(8)
BELL MICROPRODUC		٠.	

FILED May 26 1998 8:00am Secretary of State

Principal Place of Business Mailing Address								
1941 RINGWOOD AVE. 1941 RINGWOOD AVE.								
SAN JOSE CA	95131	SAN JOSE CA 95131-1721						
					3. Date Incorporated or Qualified 3a. Date of Lest Report			
A 51-11-15		1 6- 44-11 4-1			02/27/1996			
	face of Business	2a. Mailing Address			4. FEI Number Applied For			
21 Suite, Apt.	# ata	Suite, Apt. #, etc.			60 7E			
22		27		5. Certificate of Status Desired \$8.75 Additional Fee Required				
City & State	City & State		6. Election Campaign Financing \$5.00 May Be					
23		28			Trust Fund Contribution			
Zip	Country	Zip	Country		8. This corporation has liability for intangible tax under s. 199.032,			
24	25		30		Florida Statutes Yes No 10. Name and Address of New Registered Agent			
	9. Name and Address of Current	Hadisielen Wähll	B1	Name	10. Name and Address of New Registered Agent			
	CORPORATION SYSTEM		"	1101110				
	SOUTH PINE ISLAND ROAD		82	82 Street Address (P.O. Box Number is Not Acceptable)				
r Plai	NTATION FL 33324		83					
			63					
0			84	City	FL 85 Zip Code			
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508, Florida Statute	s, the abov	e-named				
office or r	egistered agent, or both, in the State o	f Florida. Such change was at	uthorized by	the corp	oration's board of directors. I hereby accept the appointment as registered			
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, lyped or printed name of registered agent	and title it applicable. (NOTE:	Registered Age	anulangia Inc	required when reinstating) DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PDC	☐ DELETE	1.1 TITLE		CFO + Secretary Change & Addition			
NAME	BELL, W.D.		1.2 NAME		JAFFE, BRUCE			
STREET ADDRESS	1941 RINGWOOD AVE.		1.3 STREET	ADDRESS	1941 RINGWOOD			
CITY-ST-ZIP	SAN JOSE CA 95131		1.4 CITY-5	ST-ZIP	SAN JOSE CA 95131			
TITLE	V	DELETE	2.1 TITLE		PIRECTOR Addition			
NAME	STURGEN, BOB		2.2 NAME		OUSLEY, TAMES			
STREET ADDRESS	1941 RINGWOOD AVE.		2.3 STREET	ADDRESS	1941 RINGWOOD			
CITY-ST-ZIP	SAN JOSE CA 95131		2.4 CITY-	ST-ZIP	5AN 705B, CA 95131			
TITLE	ST	DELETE	3.1 TITLE		DIRECTOR Change CAddition			
NAME	Canessa, Remo	•	3.2 NAME		GEL BACH, EDWARD			
STREET ADDRESS	1941 RINGWOOD AVE.		3.3 STREET	ADDRESS	24845 Summerhill Road			
CITY-ST-ZIP	SAN JOSE CA 95131		3.4. CITY -	ST-ZIP	LUS Altus, CA 94022			
TITLE	D	☐ DELETE	4.1 TITLE	Ī	Change Addillon			
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 - 5	T-ZIP				
TITLE	D	DELETE	5.1 TITLE	1	☐ Change ☐ Addition			
NAME	CAMPBELL, GORDON		5.2 NAME	- 1				
STREET ADDRESS	3050 ZANKER RD.		5.3 STREET	ADDRESS	$\omega \lambda$.			
CITY-ST-ZIP	SAN JOSE CA 95134		5.4 CiTY - 9	T-ZIP				
- · c	D	⋈ DELETE	6.1 TITLE		Change Addillon			
المساق	BEEDLE, JOHN H		6.2 NAME		800002536578 V			
STREET ADDRESS	7148 E. HELM AVE.		6.3 STREET	ADDRESS				
CITY-ST-ZIP	SCOTTSDALE AZ 85252		6.4 CITY - 5	T-ZIP	***150.00			
14. I do here information	14. I do nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119,07(3)(1), Florida Statutes. I further certify that the information indicated on this annual/eport or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that							
1 am an o	14. I do hereby certily 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/lebori 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 eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if here are a supplemental annual report is true and accurate and that my 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 eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if here.							