

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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90217 043 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F96000000995					
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		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/27/1996	
21		26		4. FEI Number 94-3057566	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		
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
				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	PDC <input type="checkbox"/> DELETE				
NAME	BELL, W D				
STREET ADDRESS	1941 RINGWOOD AVE.				
CITY-ST-ZIP	SAN JOSE CA 95131				
TITLE	V <input type="checkbox"/> DELETE				
NAME	STURGEN, BOB				
STREET ADDRESS	1941 RINGWOOD AVE.				
CITY-ST-ZIP	SAN JOSE CA 95131				
TITLE	CFOS <input type="checkbox"/> DELETE				
NAME	JAFTE, BRUCE				
STREET ADDRESS	1941 RINGWOOD AVE.				
CITY-ST-ZIP	SAN JOSE CA 95131				
TITLE	D <input type="checkbox"/> DELETE				
NAME	PENISTEN, GLENN E				
STREET ADDRESS	2200 SAND HILL RD., #250				
CITY-ST-ZIP	MENLO PARK CA 94025				
TITLE	D <input type="checkbox"/> DELETE				
NAME	CAMPBELL, GORDON				
STREET ADDRESS	3050 ZANKER RD.				
CITY-ST-ZIP	SAN JOSE CA 95134				
TITLE	D <input type="checkbox"/> DELETE				
NAME	OUSLEY, JAMES				
STREET ADDRESS	24825 SUMMERHILL ROAD				
CITY-ST-ZIP	LOS ALTOS CA 94022				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
1.2 NAME	REMO CANESSA				
1.3 STREET ADDRESS	1941 RINGWOOD AVE				
1.4 CITY-ST-ZIP	SAN JOSE, CA 95131				
2.1 TITLE	Sr. V.P. + Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME	BRUCE JAFTE				
2.3 STREET ADDRESS	1941 RINGWOOD AVE.				
2.4 CITY-ST-ZIP	SAN JOSE, CA 95131				
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/99

Date

(408) 451-9400

Daytime Phone #

CR2E034 (11/98)