

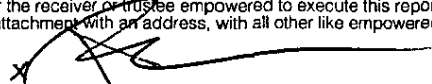


FILED
May 04, 2004 8:00 am
Secretary of State

14015700

DOCUMENT # F96000000995						05-04-2004 90119 041 ***150.00	
1. Entity Name BELL MICROPRODUCTS, INC.							
Principal Place of Business 1941 RINGWOOD AVE. SAN JOSE, CA 95131		Mailing Address 1941 RINGWOOD AVE. SAN JOSE, CA 95131		19015700			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04282004 Chg-P CR2E034 (10/03)			
City & State		City & State		4. FEI Number 94-3057566		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 E. PARK AVE. TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent			
				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC BELL, W D 1941 RINGWOOD AVE. SAN JOSE, CA 95131	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GELBACH, EDWARD 1941 RINGWOOD AVE. SAN JOSE, CA 95131		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STURGEN, BOB 1941 RINGWOOD AVE. SAN JOSE, CA 95131	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAIKEN, EUGENE SAME AS CORPORATE MAILING ADDRESS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO ILLSON, JIM 1941 RINGWOOD AVE. SAN JOSE, CA 95131	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERNSBERGER, DAVID 1941 RINGWOOD AVE. SAN JOSE, CA 95131		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENISTEN, GLENN E 2200 SAND HILL RD., #250 MENLO PARK, CA 94025	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANDERSON, HOLLY 1941 RINGWOOD AVE. SAN JOSE, CA 95131		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, GORDON 3050 ZANKER RD. SAN JOSE, CA 95134	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OUSLEY, JAMES 24825 SUMMERHILL ROAD LOS ALTOS, CA 94022	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 				JIM ILLSON 04/30/04 (408)451-9400			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			