2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F96000000995

BELL MICROPRODUCTS, INC.



Principal Place of Business

Mailing Address

1941 RINGWOOD AVE. SAN JOSE, CA 95131

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FILED May 08, 2006 8:00 am Secretary of State

05-08-2006 90303 001 ***150 00



DATE

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CR2E034 (11/05) 04282006 No Cho-P

4. FEI Number 94-3057566

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331

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8.	The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida.	i am ramiliar with, and accept
	the obligations of registered agent.	
SH	GNATURE	

(NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable

9. Election Campaign Financing

\$5.00 May Be Added to Fees

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

Trust Fund Contribution.

OFFICERS AND DIRECTORS 10. PDC TITLE BELL, W D NAME STREET ADDRESS 1941 RINGWOOD AVE. **SAN JOSE, CA 95131** CITY-ST-7IP TITLE NAME STURGEN, BOB STREET ADDRESS 1941 RINGWOOD AVE. SAN JOSE, CA 95131 CITY-ST-7IP CFO TITLE ILLSON, JIM 1941 RINGWOOD AVE. STREET ADDRESS CITY-ST-ZIP SAN JOSE, CA 95131 TITLE PENISTEN, GLENN E NAME STREET ADDRESS 2200 SAND HILL RD., #250 CITY-ST-ZIP MENLO PARK, CA 94025 CAMPBELL, GORDON NAME 3050 ZANKER RD. STREET ADDRESS SAN JOSE, CA 95134 CITY-ST-ZIP TITLE **OUSLEY, JAMES** NAME STREET ADDRESS 24825 SUMMERHILL ROAD CITY-ST-ZIP LOS ALTOS, CA 94022

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 that an address, with all other like empowered.

SIGNATURE:

Jim Illson and typed or printed name of signing officer or director

<u>05/01/06</u>

(408) 451-1604