


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2007 08:00 A
Secretary of State

DOCUMENT # F96000000995		
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	



04262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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. Name and Address of Current Registered Agent	
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331	DO NOT WRITE IN THIS SPACE

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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC BELL, W D 1941 RINGWOOD AVE. SAN JOSE, CA 95131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STURGEN, BOB 1941 RINGWOOD AVE. SAN JOSE, CA 95131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO ILLSON, JIM 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, GORDON 3050 ZANKER RD. SAN JOSE, CA 95134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OUSLEY, JAMES 24825 SUMMERHILL ROAD LOS ALTOS, CA 94022

U00000761270
05/25/07-80048-007 150.00

**DO NOT WRITE
IN THIS SPACE**

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 with an address, with all other like empowered.

SIGNATURE:  **Jim Illson** **4/30/2007** **(408) 451-1604**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #