

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 09, 1999 8:00 am  
Secretary of State

04-09-1999 90041 030 \*\*\*150.00

DOCUMENT # F96000004935

1. Corporation Name  
INGRAM MICRO INC.



Principal Place of Business  
1600 EAST ST ANDREWS PLACE  
SANTA ANA CA 92705

Mailing Address  
1600 EAST ST ANDREWS PLACE  
SANTA ANA CA 92705

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/23/1996

4. FEI Number  
62-1644402

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.  
22 1600 E. St. Andrew Place

26 Suite, Apt. #, etc.  
27 1600 E. St. Andrew Place

23 City & State

28 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C ☐ DELETE  
NAME STEAD, JERRE L  
STREET ADDRESS 1600 ST ANDREWS PLACE  
CITY-ST-ZIP SANTA ANA CA

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 1600 E. St. Andrew Place  
1.4 CITY-ST-ZIP Santa Ana, CA 92705

TITLE V ☐ DELETE  
NAME GRAINGER, MICHAEL J  
STREET ADDRESS 1600 ST ANDREWS PLACE  
CITY-ST-ZIP SANTA ANA CA

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 1600 E. St. Andrew Place  
2.4 CITY-ST-ZIP Santa Ana, CA 92705

TITLE PD ☐ DELETE  
NAME RODEK, JEFFREY R  
STREET ADDRESS 1600 ST ANDREWS PLACE  
CITY-ST-ZIP SANTA ANA CA

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME P  
3.3 STREET ADDRESS 1600 E. St. Andrew Place  
3.4 CITY-ST-ZIP Santa Ana, CA 92705

TITLE VS ☐ DELETE  
NAME ANDERSON JR, JAMES E  
STREET ADDRESS 1600 ST. ANDREWS PLACE  
CITY-ST-ZIP SANTA ANA CA

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS 1600 E. St. Andrew Place  
4.4 CITY-ST-ZIP Santa Ana, CA 92705

TITLE P ☐ DELETE  
NAME DUTTA, SANAT K  
STREET ADDRESS 1600 ST. ANDREWS PLACE  
CITY-ST-ZIP SANTA ANA CA

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME V  
5.3 STREET ADDRESS 1600 E. St. Andrew Place  
5.4 CITY-ST-ZIP Santa Ana, CA 92705

TITLE T ☐ DELETE  
NAME RICKETTS, JAMES F  
STREET ADDRESS 1600 ST ANDREW PLACE  
CITY-ST-ZIP SANTA ANA CA

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS 1600 E. St. Andrew Place  
6.4 CITY-ST-ZIP Santa Ana, CA 92705

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: *James F. Ricketts*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: *James E. Anderson, Jr.* 4/2/99 (714) 382-2924

Date

Daytime Phone #

CR2004/11/08