


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2007 08:00 AM
Secretary of State

DOCUMENT # F96000004935 1. Entity Name INGRAM MICRO INC.	
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Principal Place of Business
1600 E ST. ANDREW PLACE
SANTA ANA, CA 92705

Mailing Address
1600 E ST. ANDREW PLACE
SANTA ANA, CA 92705



03012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 62-1644402	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (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. ☐ **\$5.00** May Be
Added to Fees

1101100680845
04/04/07-80017-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	SPIERKEL, GREGORY M
STREET ADDRESS	1600 W ST ANDREW PLACE
CITY-ST-ZIP	SANTA ANA, CA 92705

TITLE	V
NAME	BRADLEY, KEITH W. F.
STREET ADDRESS	1600 E ST. ANDREW PLACE
CITY-ST-ZIP	SANTA ANA, CA 92705

TITLE	C
NAME	FOSTER, KENT B
STREET ADDRESS	1600 E. ST. ANDREW PLACE
CITY-ST-ZIP	SANTA ANA, CA 92705

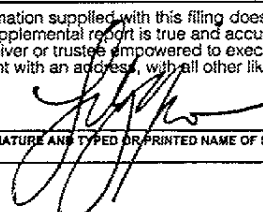
TITLE	VS
NAME	BOYD, LARRY C
STREET ADDRESS	1600 E ST. ANDREW PLACE
CITY-ST-ZIP	SANTA ANA, CA 92705

TITLE	POOD
NAME	MURAI, KEVIN
STREET ADDRESS	1600 E ST. ANDREW PLACE
CITY-ST-ZIP	SANTA ANA, CA 92705

TITLE	T
NAME	RICKETTS, JAMES F
STREET ADDRESS	1600 E ST. ANDREW PLACE
CITY-ST-ZIP	SANTA ANA, CA 92705

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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:  **Lily Y. Arevalo** **3/22/07** **(714) 566-1000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #