## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F96000004935

Entity Name: INGRAM MICRO INC.

FILED Apr 24, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1600 E ST. ANDREW PLACE SANTA ANA, CA 92705 **Current Mailing Address: New Mailing Address:** 1600 E ST. ANDREW PLACE SANTA ANA, CA 92705 FEI Number: 62-1644402 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CEOD ( ) Delete () Change () Addition Name: SPIERKEL, GREGORY M Name: 1600 W ST ANDREW PLACE Address: Address: City-St-Zip: SANTA ANA, CA 92705 City-St-Zip: Title: Title: () Delete () Change () Addition BRADLEY, KEITH W. F. Name: Name: 1600 E ST. ANDREW PLACE Address: Address: City-St-Zip: SANTA ANA, CA 92705 City-St-Zip: Title: Title: ( ) Delete () Change () Addition LAURANCE, DALE R Name: Name: 1600 E. ST. ANDREW PLACE Address: Address: SANTA ANA, CA 92705 City-St-Zip: City-St-Zip: Title: ٧S () Delete Title: () Change () Addition BOYD, LARRY C Name: Name: Address: 1600 E ST. ANDREW PLACE Address: City-St-Zip: SANTA ANA, CA 92705 City-St-Zip: Title: PCOO Title: () Delete () Change () Addition MONIE, ALAIN Name: Name: 1600 E ST ANDREW PLACE Address: Address: City-St-Zip: SANTA ANA, CA 92705 City-St-Zip: Title: () Delete Title: VCFO (X) Change ( ) Addition HUMES, WILLIAM D Name: Name: HUMES, WILLIAM D 1600 E ST. ANDREW PLACE 1600 E ST. ANDREW PLACE Address: Address: City-St-Zip: SANTA ANA, CA 92705 City-St-Zip: SANTA ANA, CA 92705

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LILY YAN AREVALO AS 04/24/2009