FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 06, 2001 8:00 am Secretary of State DOCUMENT # F9800000057 EN POINTE TECHNOLOGIES SALES, INC. 02-06-2001 90274 012 ***150.00 Principal Place of Business Mailing Address 100 NORTH SEPULVEDA BLVD., 19TH FLOOR 100 NORTH SEPULVEDA BLVD., 19TH FLOOR EL SEGUNDO CA 90245 EL SEGUNDO CA 90245 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 95-4650291 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City Zip Code 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change ☐ Addition DIN, ATTIAZAZ "BOB" NAME NAME 100 NORTH SEPULVEDA BLVD., 19TH FLOOR STREET ADDRESS STREET ADDRESS EL SEGUNDO CA 90245 CITY-ST-ZIP CITY-ST-ZIP CFOS TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MERCER, ROBERT A NAME 100 NORTH SEPULVEDA BLVD., 19TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP EL-SEGUNDO-CA-90245 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME _ DIN. NAUREEN NAME STREET ADDRESS 100 NORTH SEPULVEDA BLVD., 19TH FLOOR STREET ADDRESS CITY-ST-ZIP EL SEGUNDO CA 90245 CITY-ST-ZIP PCEO TITLE ☐ Delete TITLE ☐ Change ☐ Addition SHABAZIAN, MICHAEL R NAME NAME STREET ADDRESS 100 N SEPULVEDA BLVD 19TH STREET ADDRESS CITY-ST-ZIP EL SEGUNDO CA 90245 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition

13. 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 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

Work Hamerin

MERCE

2/1/01

310 725.5200

Daytime Phone #