

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90016 015 ***150.00

DOCUMENT # F98000000057

1. Entity Name
EN POINTE TECHNOLOGIES SALES, INC.



Principal Place of Business
100 NORTH SEPULVEDA BLVD
19TH FLOOR
EL SEGUNDO, CA 90245

Mailing Address
100 NORTH SEPULVEDA BLVD
19TH FLOOR
EL SEGUNDO, CA 90245



01222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 95-4650291	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	DIN, ATTIAZAZ "BOB"
STREET ADDRESS	100 NORTH SEPULVEDA BLVD., 19TH FLOOR
CITY-ST-ZIP	EL SEGUNDO, CA 90245
TITLE	S
NAME	MERCER, ROBERT A
STREET ADDRESS	100 NORTH SEPULVEDA BLVD., 19TH FLOOR
CITY-ST-ZIP	EL SEGUNDO, CA 90245
TITLE	D
NAME	DIN, NAUREEN
STREET ADDRESS	100 NORTH SEPULVEDA BLVD., 19TH FLOOR
CITY-ST-ZIP	EL SEGUNDO, CA 90245
TITLE	CFO
NAME	AYERS, KEVIN D
STREET ADDRESS	100 N SEPULVEDA BLVD 19TH FL
CITY-ST-ZIP	EL SEGUNDO, CA 90245
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. 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 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: Robert A. Mercer 2/3/04 (310) 785-1133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #