


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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90017 006 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000001378

1. Corporation Name
MICROAGE SOLUTIONS, INC.

Principal Place of Business
**2400 S. MICROAGE WAY
TEMPE AZ 85282-1896**

Mailing Address
**2400 S. MICROAGE WAY
TEMPE AZ 85282-1896**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 03/11/1998	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27 MS #8		4. FEI Number 86-0544081	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Zip 29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 reappointing)

DATE

12. SEE COMPLETE LISTING ATTACHED OF OFFICERS/DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE C	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCKEEVER, JEFFREY D		1.2 NAME	
STREET ADDRESS 5660 N. SAGUARO ROAD		1.3 STREET ADDRESS	2400 S. MicroAge Way
CITY-ST-ZIP PARADISE VALLEY AZ		1.4 CITY-ST-ZIP	Tempe, AZ 85282-1896
TITLE SD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HALD, ALAN P		2.2 NAME	John S. Lewis-Director/Sec.
STREET ADDRESS 5350 CALLE DEL MEDIO		2.3 STREET ADDRESS	2400 South MicroAge Way
CITY-ST-ZIP PHOENIX AZ		2.4 CITY-ST-ZIP	Tempe, AZ 85282-1896
TITLE P	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SWANSON, JEFFREY M		3.2 NAME	
STREET ADDRESS 11000 40TH PLACE		3.3 STREET ADDRESS	2400 South MicroAge Way
CITY-ST-ZIP PLYMOUTH MN		3.4 CITY-ST-ZIP	Tempe, AZ 85282-1896
TITLE T	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DANIEL, JAMES R		4.2 NAME	
STREET ADDRESS 3858 E CHOLLA LANE		4.3 STREET ADDRESS	2400 South MicroAge Way
CITY-ST-ZIP PHOENIX AZ		4.4 CITY-ST-ZIP	Tempe, AZ 85282-1896
TITLE V	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROSEN, MARILYN J		5.2 NAME	
STREET ADDRESS 7453 E COCHISE ROAD		5.3 STREET ADDRESS	2400 South MicroAge Way
CITY-ST-ZIP SCOTTSDALE AZ		5.4 CITY-ST-ZIP	Tempe, AZ 85282-1896
TITLE V	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LYONS, ALAN R		6.2 NAME	
STREET ADDRESS 4619 E MONTE WAY		6.3 STREET ADDRESS	2400 South MicroAge Way
CITY-ST-ZIP PHOENIX AZ		6.4 CITY-ST-ZIP	Tempe, AZ 85282-1896

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:

SIGNATURE/REQUIREMENTS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James H. Domaz, VP, Asst. Sec./Corp. Counsel

Date

Daytime Phone #

4-22-99 602-366-2000

CR2E034 (11/98)

MicroAge Solutions, Inc.

2400 South MicroAge Way, Tempe, AZ 85282-1896

475593-90017-6
F98000001378

OFFICE	NAME	APPOINTED
Chairman of the Board	Jeffrey D. McKeever	2/06/86
Director and Secretary	John S. Lewis	11/03/97
President	Jeffrey M. Swanson	12/14/94
Group Vice President – Sales	Marilyn J. Rosen	10/28/96
Vice President – Sales	Linda C. Furse	1/01/95
Vice President – Administration	Alan R. Lyons	8/01/89
Treasurer	James R. Daniel	9/27/95
Vice President, Corporate Counsel and Assistant Secretary	James H. Domaz	11/03/97
Assistant Treasurer	Raymond L. Storck	10/01/91