FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
96 FEB -5 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07885 (7)

1. Corporation Name

AVNET COMPUTER TECHNOLOGIES LEASING, INC.

Principal Place of Business	Mailing Address
C/O AVENT INC. 80 CUTTER MILL ROAD GREAT NECK NY 11021 US	C/O AVENT INC. 80 CUTTER MILL ROAD GREAT NECK NY 11021 US

3. Date Incorporated or Qualified: 10/28/1985
3a. Date of Last Report: 05/01/1995
4. FEI Number: 41-1530771 | Applied For | Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 21 | 2a. Mailing Address 26
Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27
City & State 23 | City & State 28
Zip 24 | Country 25 | Zip 29 | Country 30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 reinstating. DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	VALLEE, ROY	
STREET ADDRESS	10950 WASHINGTON BLVD.	
CITY-ST-ZIP	CULVER CITY CA	
TITLE	TD	☐ DELETE
NAME	SADOWSKI, RAYMOND	
STREET ADDRESS	80 CUTTER MILL RD.	
CITY-ST-ZIP	GREAT NECK, NY.	
TITLE	VSD	☐ DELETE
NAME	BIRK, DAVID R.	
STREET ADDRESS	80 CUTTER MILL RD.	
CITY-ST-ZIP	GREAT NECK, NY.	
TITLE	VAS	☐ DELETE
NAME	SADOWSKI,RAYMOND	
STREET ADDRESS	80 CUTTER MILL RD.	
CITY-ST-ZIP	GREAT NECK, NY.	
TITLE	D	☐ DELETE
NAME	MACHIZ, LEON	
STREET ADDRESS	80 CUTTER MILL RD	
CITY-ST-ZIP	GREAT NECK NY	
TITLE	AS	☐ DELETE
NAME	PALUMBO, LISA M.	
STREET ADDRESS	80 CUTTER MILL RD	
CITY-ST-ZIP	GREAT NECK NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE January 24, 1996 (516) 466-7000