FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P14479** **(0)**

1. Corporation Name

AVNET COMPUTER TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
1626 S EDWARD DR TEMPE AZ 85281 US	80 CUTTER MILL RD GREAT NECK NY 11021 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/18/1987**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21:

Suite, Apt. #, etc. — 22:

City & State — 23:

Zip — 24: Country — 25:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 27:

City & State — 28:

Zip — 29: Country — 30:

4. FEI Number: **41-1530686** ☐ 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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE		☐ Change ☐ Addition
NAME	VALLEE, ROY	12 NAME		
STREET ADDRESS	10950 WASHINGTON BLVD.	13 STREET ADDRESS		
CITY-ST-ZIP	CULVER CITY CA	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	MACHIZ, LEON	22 NAME		
STREET ADDRESS	80 CUTTER MILL RD	23 STREET ADDRESS		
CITY-ST-ZIP	GREAT NECK NY	24 CITY-ST-ZIP		
TITLE	VSD	31 TITLE		☐ Change ☐ Addition
NAME	BIRK, DAVID R.	32 NAME		
STREET ADDRESS	80 CUTTER MILL RD.	33 STREET ADDRESS		
CITY-ST-ZIP	GREAT NECK, NY.	34 CITY-ST-ZIP		
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	SADOWSKI, RAYMOND	42 NAME		
STREET ADDRESS	80 CUTTER MILL RD.	43 STREET ADDRESS		
CITY-ST-ZIP	GREAT NECK, NY.	44 CITY-ST-ZIP		
TITLE	VAS	51 TITLE		☐ Change ☐ Addition
NAME	SADOWSKI, RAYMOND	52 NAME		
STREET ADDRESS	80 CUTTER MILL RD.	53 STREET ADDRESS		
CITY-ST-ZIP	GREAT NECK, NY.	54 CITY-ST-ZIP		
TITLE	AS	61 TITLE		☐ Change ☐ Addition
NAME	PALUMBO, LISA M.	62 NAME		
STREET ADDRESS	80 CUTTER MILL RD	63 STREET ADDRESS		
CITY-ST-ZIP	GREAT NECK NY	64 CITY-ST-ZIP		

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)(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.

SIGNATURE: *David R. Birk* *April 24, 1995*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date (Daytime Phone #)

DAVID R. BIRK, VICE PRESIDENT, SECRETARY, DIRECTOR

0001701 CP