

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

FILED

**Apr 21 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P20267 (1)

1. Corporation Name
VANSTAR CORPORATION



Principal Place of Business 5964 W LAS POSITAS BLVD. PLEASANTON CA 94588 US	Mailing Address P.O. BOX 9012 PLEASANTON CA 94566-9012 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/29/1988	3a. Date of Last Report 02/08/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 94-2376431	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GILES, TERRY		1.2 NAME	
STREET ADDRESS 1272-A PEACOCK HILL		1.3 STREET ADDRESS	
CITY-ST-ZIP SANTA ANA CA		1.4 CITY-ST-ZIP	
TITLE CEO	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TAUSCHER, WILLIAM Y		2.2 NAME	
STREET ADDRESS 5611 HIGHLAND RD		2.3 STREET ADDRESS	
CITY-ST-ZIP PLEASANTON CA		2.4 CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME AMATO, JAY S		3.2 NAME	
STREET ADDRESS 134 COPPER RIDGE RD		3.3 STREET ADDRESS 308 Ashford Pkwy	
CITY-ST-ZIP SAN RAMON CA		3.4 CITY-ST-ZIP Dunwoody GA 30338	
TITLE V	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KUNTZENDORF, ROBERT		4.2 NAME	
STREET ADDRESS 1030 INDEPENDENCE WAY		4.3 STREET ADDRESS	
CITY-ST-ZIP TRACY CA		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME Director Stewart K.P. Gross	
STREET ADDRESS		5.3 STREET ADDRESS 466 Lexington Ave	
CITY-ST-ZIP		5.4 CITY-ST-ZIP New York, NY 10023	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME CFO Jeffrey Rubin	
STREET ADDRESS		6.3 STREET ADDRESS P.O. Box 1078 N/A	
CITY-ST-ZIP		6.4 CITY-ST-ZIP Southport, CT 06490	

14. I do 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.

SIGNATURE: _____ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**
 Date: **4/13/97** Daytime Phone #: **510-734-4000**

CR2E034 (9/96)