

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

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May 08, 1999 8:00 am
Secretary of State

05-08-1999 90049 035 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P20267

1. Corporation Name
VANSTAR CORPORATION



Principal Place of Business 5964 W LAS POSITAS BLVD. PLEASANTON CA 94588 US	Mailing Address 5964 W LAS POSITAS BLVD. PLEASANTON CA 94588 US
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DO NOT WRITE IN THIS SPACE

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
Country 25	Zip 29
Country 25	Country 30

3. Date Incorporated or Qualified 07/29/1988	
4. FEI Number 94-2376431	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" 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	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

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	GROSS, STEWART K P.
STREET ADDRESS	466 LEXINGTON AVE
CITY-ST-ZIP	NEW YORK NY 10017
TITLE	CEO <input checked="" type="checkbox"/> DELETE
NAME	TAUSCHER, WILLIAM Y
STREET ADDRESS	5611 HIGHLAND RD
CITY-ST-ZIP	PLEASANTON CA 94566
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	AMATO, JAY S
STREET ADDRESS	308 ASHFORD PKWY
CITY-ST-ZIP	DUNWOODY GA 30338
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	KUNTZENDORF, ROBERT
STREET ADDRESS	1030 INDEPENDECE WAY
CITY-ST-ZIP	TRACY CA 95376
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	TUCKER, SHAROLYN
STREET ADDRESS	1109 DISCOVERY WAY
CITY-ST-ZIP	CONCORD CA 94521
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	WOLF, JEAN
STREET ADDRESS	3 HOWELL MILL PLANTATION
CITY-ST-ZIP	ATLANTA GA 30327

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Bill L. Fairfield
1.3 STREET ADDRESS	10810 Farnam Drive
1.4 CITY-ST-ZIP	Omaha, NE 68154
2.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	David C. Guenthner
2.3 STREET ADDRESS	10810 Farnam Drive
2.4 CITY-ST-ZIP	Omaha, NE 68154
3.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Richard C. Oshlo
3.3 STREET ADDRESS	10810 Farnam Drive
3.4 CITY-ST-ZIP	Omaha, NE 68154
4.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Michael A. Steffan
4.3 STREET ADDRESS	10810 Farnam Drive
4.4 CITY-ST-ZIP	Omaha, NE 68154
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 REQUIRED** April 15, 1999 (925) 734-4415
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)