

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

FILED
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

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/29/1988	
22 City & State		27 City & State		4. FEI Number	
23 Zip Country		28 Zip Country		94-2376431	
24		29		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <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 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

Signature, typed or printed name of registered agent and title if applicable.

(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	President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GROSS, STEWART K P.			1.2 NAME	Bill L. Fairfield		
STREET ADDRESS	466 LEXINGTON AVE			1.3 STREET ADDRESS	10810 Farnam Drive		
CITY-ST-ZIP	NEW YORK NY 10017			1.4 CITY-ST-ZIP	Omaha, NE 68154		
TITLE	CEO	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	Vice President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	TAUSCHER, WILLIAM Y			2.2 NAME	David C. Guenther		
STREET ADDRESS	5611 HIGHLAND RD			2.3 STREET ADDRESS	10810 Farnam Drive		
CITY-ST-ZIP	PLEASANTON CA 94566			2.4 CITY-ST-ZIP	Omaha, NE 68154		
TITLE	P	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	Treasurer	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	AMATO, JAY S			3.2 NAME	Richard C. Oshlo		
STREET ADDRESS	308 ASHFORD PKWY			3.3 STREET ADDRESS	10810 Farnam Drive		
CITY-ST-ZIP	DUNWOODY GA 30338			3.4 CITY-ST-ZIP	Omaha, NE 68154		
TITLE	V	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	Secretary	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KUNTZENDORF, ROBERT			4.2 NAME	Michael A. Steffan		
STREET ADDRESS	1030 INDEPENDENCE WAY			4.3 STREET ADDRESS	10810 Farnam Drive		
CITY-ST-ZIP	TRACY CA 95376			4.4 CITY-ST-ZIP	Omaha, NE 68154		
TITLE	V	<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TUCKER, SHAROLYN			5.2 NAME			
STREET ADDRESS	1109 DISCOVERY WAY			5.3 STREET ADDRESS			
CITY-ST-ZIP	CONCORD CA 94521			5.4 CITY-ST-ZIP			
TITLE	V	<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WOLF, JEAN			6.2 NAME			
STREET ADDRESS	3 HOWELL MILL PLANTATION			6.3 STREET ADDRESS			
CITY-ST-ZIP	ATLANTA GA 30327			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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 15, 1999

(925) 734-4415

Date

Daytime Phone #

CR2E034 (1/98)