ANNUAL REPORT
1995

DIVISION OF CORPORATIONS

95 APR 24 AM 7:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P31484 (9)

1. Corporation Name

MICROAGE COMPUTER CENTERS, INC.

Principal Place of Business	Mailing Address
LEGAL DEPT. MS #8 TEMPE AZ 85282-1824 US	LEGAL DEPT. MS #8 TEMPE AZ 85282-1824 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/24/1990
3a. Date of Last Report: 03/23/1994

2. Principal Place of Business	2a. Mailing Address
21 2400 South MicroAge Way	26 2400 South MicroAge Way
Suite, Apt. #, etc 22 Legal Dept.-MS#8	Suite, Apt. #, etc 27 Legal Dept.-MS#8
City & State 23 Tempe, Arizona	City & State 28 Tempe, Arizona
Zip / Country 24 85282-1896 / 25 USA	Zip / Country 29 85282-1896 / 30 USA

4. FEI Number: 86-0377332 ☐ 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	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 agent is a corp.) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DS	11 TITLE		☒ Change ☐ Addition
NAME	HALD, ALAN P.	12 NAME		
STREET ADDRESS	2308 S. 55TH ST.	13 STREET ADDRESS	2400 South MicroAge Way	
CITY-ST-ZIP	TEMPE AZ	14 CITY-ST-ZIP		
TITLE	C	21 TITLE		☒ Change ☐ Addition
NAME	MCKEEVER, JEFFREY	22 NAME		
STREET ADDRESS	2308 S. 55TH ST.	23 STREET ADDRESS	2400 South MicroAge Way	
CITY-ST-ZIP	TEMPE AZ	24 CITY-ST-ZIP		
TITLE	P	31 TITLE		☒ Change ☐ Addition
NAME	WATERS, KENNETH R	32 NAME		
STREET ADDRESS	2308 S. 55TH ST.	33 STREET ADDRESS	2400 South MicroAge Way	
CITY-ST-ZIP	TEMPE AZ	34 CITY-ST-ZIP		
TITLE	VT	41 TITLE	T	☒ Change ☐ Addition
NAME	DANIEL, JAMES R	42 NAME	Curtis J. Scheel	
STREET ADDRESS	2308 S. 55TH ST.	43 STREET ADDRESS	2400 South MicroAge Way	
CITY-ST-ZIP	TEMPE AZ	44 CITY-ST-ZIP	Tempe, AZ 85282	
TITLE	V	51 TITLE	Assistant Treasurer	☒ Change ☐ Addition
NAME	CANTONI, CRAIG	52 NAME	Raymond L. Storck	
STREET ADDRESS	2308 S. 55TH ST.	53 STREET ADDRESS	2400 South MicroAge Way	
CITY-ST-ZIP	TEMPE AZ	54 CITY-ST-ZIP	Tempe, AZ 85282	
TITLE	AS	61 TITLE		☒ Change ☐ Addition
NAME	FRANKEL, JEFFREY A H.	62 NAME		
STREET ADDRESS	4105 E. COLUMBINE	63 STREET ADDRESS	2400 South MicroAge Way	
CITY-ST-ZIP	PHOENIX AZ	64 CITY-ST-ZIP	Tempe, AZ 85282	

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 any attachment with blank address.

SIGNATURE: _____ 4/7/95 602-804-2000
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Daytime Phone #

Alan P. Hald, Director and Secretary

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