

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

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90017 005 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P31484**

1. Corporation Name

**MICROAGE COMPUTER CENTERS, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**2400 S MICROAGE WAY  
LEGAL DEPT MS #8  
TEMPE AZ 85282  
US**

Mailing Address  
**2400 S MICROAGE WAY  
LEGAL DEPT #MS#8  
TEMPE AZ 85282  
US**

3. Date Incorporated or Qualified

**10/24/1990**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH 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 name of registered agent and location of office (NOTE: Registered Agent signature required when reinstating)

DATE

12. **SEE COMPLETE LISTING OF OFFICERS/DIRECTORS ATTACHED**

OFFICERS AND DIRECTORS

13. **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	DS	<input type="checkbox"/> DELETE
NAME	HALD, ALAN P.	
STREET ADDRESS	2400 S MICROAGE WAY	
CITY-ST-ZIP	TEMPE AZ 85282	
TITLE	CP	<input type="checkbox"/> DELETE
NAME	MCKEEVER, JEFFREY	
STREET ADDRESS	2400 S MICROAGE WAY	
CITY-ST-ZIP	TEMPE AZ 85282	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DANIEL, JAMES R.	
STREET ADDRESS	2400 S MICROAGE WAY	
CITY-ST-ZIP	TEMPE AZ 85282	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	STORCK, RAYMOND L.	
STREET ADDRESS	2400 S MICROAGE WAY	
CITY-ST-ZIP	TEMPE AZ 85282	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	DOMAZ, JAMES H	
STREET ADDRESS	2400 S MICROAGE WAY	
CITY-ST-ZIP	TEMPE AZ	
TITLE	SVP	<input checked="" type="checkbox"/> DELETE
NAME	MILLS, WARREN T	
STREET ADDRESS	2400 S MICROAGE WAY	
CITY-ST-ZIP	TEMPE AZ	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Chairman only <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Controller also <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	VP, Corporate Counsel also <input checked="" 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: James H. Domaz**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**VP, Corp. Counsel**  
Assistant Secretary

**602-366-2000**

Date

Daytime Phone #

CR2E034 (11/98)

475592-90017-5  
P31484

<b><u>Corporate Name</u></b> MICROAGE COMPUTER CENTERS, INC.	<b><u>Directors</u></b> Jeffrey D. McKeever Alan P. Hald	<b><u>Officers</u></b> Jeffrey D. McKeever-Chairman Christopher J. Koziol-President John H. Andrews-Executive Vice President Alan P. Hald-Secretary James R. Daniel-Treasurer Raymond L. Storck-Controller, Assistant Treasurer James H. Domaz-Vice President, Corporate Counsel, Assistant Secretary Alan R. Lyons-Vice President Administration
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