

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90030 033 ***150.00

DOCUMENT # P34815

1. Entity Name

SOFTWARE SPECTRUM, INC.

Principal Place of Business

2140 MERRITT DRIVE
 GARLAND TX 75041

Mailing Address

2140 MERRITT DRIVE
 GARLAND TX 75041-6135

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

75-1878002

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DCEO	SIMS, JUDY O.	2140 MERRITT DRIVE	GARLAND TX	<input type="checkbox"/>
V	COOGAN, KEITH R.	2140 MERRITT DRIVE	GARLAND TX	<input type="checkbox"/>
V	KING, ROGER R.	2140 MERRITT DRIVE	GARLAND TX	<input type="checkbox"/>
D	TINDLE, FRANK	2140 MERRITT DRIVE	GARLAND TX	<input type="checkbox"/>
V	GRAHAM, ROBERT D	2140 MERRITT DRIVE	GARLAND TX	<input type="checkbox"/>
V	BROWN, JIM	2140 MERRITT DR	GARLAND TX	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Melinda May
SIGNATURE REQUIRED
MELINDA MAY, TAX MANAGER

2-28-2000
 Date

972-840-6600
 Daytime Phone #

CR2E034 (9/99)