	UNIFORM BUSI	NESS NEFO	n.	(OBA)		
1. Entity Name						
DISTRIBUTORS EXPRESS COMPUTER SUPPLY, INC.				FILED		
Principal Place of Business Mailing Address				01 APR 17 PM 2: 21		
367 MERCURY AN DIEGO C 9 S	ST.	4867 MERCURY ST. SAN DIEGO CA 92111 US			TALLAHASSEE FLORIDA	
-	AMORNO F CONT	<u> </u>				
2. Principal Pl	lace of Business	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number 33-0490247	Applied For Not Applicable	
Zip	Country	Zip	Coun	try	5. Certificate of Status Desired	\$8.75 Additional Fee Required
A STATE OF THE PARTY OF THE PAR	6. Name and Address of Current F	Registered Agent		Mana	7. Name and Address of New Registered	Agent
<b>V</b>	ANINDYA				Corporation System	
217	8-101 ST ANDREWS PLACE			Street Addres	(P.O. Boy Number is Not Acceptable) South Pine Island Road	
PEME	BROKE PINES FL 33025	_		0:		Zio Corre
	\				tation FL	Zip Com: 333324
8. The above	named entity submits, this statement for	the purpose of changing its	register	ed office or regis	ered agent, or both, in the State of Florida.	
SIGNATURE,	NAGREL	A-0215	- ,	D. F. H	ckey, Assistant Secretary	4/16/01
- 45	Signature, typed of printed name of registered agent a	FILE NOW!			A Wall Wall	
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so.	After MAY 1, 20	01 Fee	will be \$550.00	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 Mny Be Added to Fees
· .	ria on back)	Make Check Payab	12.	epartment of S	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IT! '1
11. TITLE	Р	☐ Delete	TITL			Change Ass
NAME STREET ADDRESS	JAIN, VIPIN 12202 FAIRWAY POINTE ROW			EET ADDRESS	700004104 -05/01/011 *****150.00	11 11 11 11 11 11
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TITLE	2,		-	E .		Charles V Charles
NAME STREET ADDRESS				EET ADDRESS	$\frac{1}{2} \int_{-\infty}^{\infty} \int$	,
CHY-ST-ZIP	,		CITY	r-ST-ZIP		<u> </u>
indicated of the cor		true and accurate and that rowered to execute this report	ny signa . as requ		Section 119.07(3)(i), Florida Statutes. I further ce e same legal effect as if made under oath; that I 07, Florida Statutes; and that my name appears	
SIGNAT	TURE: VIPIY	him			4-15-01	Datima Phone *
	SIGNATURE AND TYPED OR F	RINTED NAME OF SIGNING OFFICER	OR DIREC	TOR		Date States