FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P92000003537 (7) DOCUMENT # Corporation Name PC CONNECTION, INC. Mailing Address Principal Place of Business 9998 NORTH SPRINGS WAY 9998 NORTH SPRINGS WAY SHITE 304 SUITE 304 CORAL SPRINGS FL 33076 **CORAL SPRINGS FL 33076** 3a. Date of Last Report 3. Date Incorporated or Qualified 05/01/1995 11/01/1992 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0370158 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite. Apt. #, etc. MA 5. Certificate of Status Desired MA Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be City & State  $\Gamma$ Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s 199.032, Country Zip Country 2<sub>ID</sub> Yes X No Florida Statutes 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 STALEY, PAUL B Street Address (P.O. Box Number is Not Acceptable) 9998 NORTH SPRINGS WAY 83 N/A -<del>SUITE 304</del>-**CORAL SPRINGS FL 33076** Zip Code City 85 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. President Paul B. Staley SIGNATURE (NOT); Bigistered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Change ☐ Addition DELETE 1.1 TITLE TITLE CR2E034 STALEY, PAUL B. 12 NAME NAME 9998 NORTH SPRINGS WAY 1.3 STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 33076 1.4 CITY - ST- ZIP CITY-ST-ZIP Change Addition DELETE 2 1 TITLE TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY - ST- ZIP Addition DELETE ☐ Change 3 1111116 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST- ZIP CITY-ST-ZIP Addition DELETE 5. 1 TITLE TITLE NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - \$1 - ZiP CITY - ST - ZIP Change Addition DELETE 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP City-St-ZIP

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)(k), 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

(12/95)