

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name P9300006422
TECH DATA LATIN AMERICA, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90859 001 ***900.00

Principal Place of Business Mailing Address
5350 TECH DATA DR 5350 TECH DATA DR
CLEARWATER FL 33760 Clearwater FL 33760

9097

DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|----------------------------------|--|---|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number | | Applied For | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 59-3212595 | | Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | | | | |

6. Name and Address of Current Registered Agent

DAVID R. VETTER
5350 TECH DATA DR
CLEARWATER FL 33760

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 | D | STEVEN A. RAYMUND | <input type="checkbox"/> Delete |
| NAME | | 5350 Tech Data Dr | |
| STREET ADDRESS | | Clearwater FL 33760 | |
| CITY-ST-ZIP | | | |
| TITLE | P | NESTOR CANO | <input type="checkbox"/> Delete |
| NAME | | 5350 Tech Data Dr. | |
| STREET ADDRESS | | Clearwater, FL 33760 | |
| CITY-ST-ZIP | | | |
| TITLE | | EVP/CFO | <input type="checkbox"/> Delete |
| NAME | | JEFFERY P. HOWELLS | |
| STREET ADDRESS | | 5350 Tech Data Dr | |
| CITY-ST-ZIP | | Clearwater FL 33760 | |
| TITLE | | SVP/GM | <input type="checkbox"/> Delete |
| NAME | | YUDA SAYDUN | |
| STREET ADDRESS | | 5350 Tech Data Dr | |
| CITY-ST-ZIP | | Clearwater FL 33760 | |
| TITLE | | SVP | <input type="checkbox"/> Delete |
| NAME | | JOSEPH B TREPANI | |
| STREET ADDRESS | | 5350 Tech Data Dr | |
| CITY-ST-ZIP | | Clearwater FL 33760 | |
| TITLE | | VP&General Counsel&Asst.Sec | <input type="checkbox"/> Delete |
| NAME | | DAVID R. VETTER | |
| STREET ADDRESS | | 5350 Tech Data Dr | |
| CITY-ST-ZIP | | Clearwater, FL 33760 | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | | |
|----------------|-------------------------------------|---------------------------------|-----------------------------------|
| TITLE | VP Tax | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | CHARLES V. DANNEWITZ | | |
| STREET ADDRESS | 5350 Tech Data Dr | | |
| CITY-ST-ZIP | Clearwater FL 33760 | | |
| TITLE | VP/Sec./Treas. & Compliance Officer | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | ARTHUR W. SINGLETON | | |
| STREET ADDRESS | 5350 Tech Data Dr | | |
| CITY-ST-ZIP | Clearwater FL 33760 | | |
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

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:

DAVID R. VETTER, VP & GENERAL COUNSEL & ASST. SEC.

Daytime Phone #

CR2E034 (9/99)