

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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AND  
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**95 MAY -1 AM 9:22**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**800001482168  
05/10/95 01022 -001  
\*\*\*1200.00 \*\*\*\*\*200.00**

DO NOT WRITE IN THIS SPACE

**CORPORATION  
ANNUAL REPORT  
1995**

 **FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS**

**DOCUMENT # P94000017589 (0)**  
1. Corporation Name  
**TECH DATA CONSIGNMENT, INC.**

Principal Place of Business: **5350 TECH DATA DR.  
CLEARWATER FL 34620**

Mailing Address: **5350 TECH DATA DR.  
CLEARWATER FL 34620**

2. Principal Place of Business: **21**

2a. Mailing Address: **26**

State Apt. #, etc.: **22**

City & State: **27**

City & State: **23**

City & State: **28**

City & State: **24**

City & State: **25**

City & State: **29**

City & State: **30**

3. Date Incorporated or Qualified: **03/07/1994**

3a. Date of Last Report: **03/07/1994**

4. FEI Number: **59-3290567**

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**

7. This corporation has liability for delinquent fees under Chapter 190, Florida Statutes: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**VETTER, DAVID R  
5350 TECH DATA DR.  
CLEARWATER FL 34620**

10. Name and Address of New Registered Agent

81. Name: **FL**

82. Street Address (P.O. Box Number is Not Acceptable): **FL**

83. City: **FL**

84. City: **FL**

85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.04(2) 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 607.0905, Florida Statutes.

SIGNATURE: *Jeffery P. Howells* Registered Agent Signature: *Jeffery P. Howells* Registered Agent Signature: *Jeffery P. Howells*

| 12. OFFICERS AND DIRECTORS                    |                                               | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                 |
|-----------------------------------------------|-----------------------------------------------|-------------------------------------------------------|-------------------------------------------------|
| 1. TITLE: <b>D</b>                            | 1. NAME: <b>RAYMUND, STEVEN A</b>             | 1. TITLE: <b>P</b>                                    | 1. NAME: <b>Godwin, A. Timothy</b>              |
| 2. STREET ADDRESS: <b>5350 TECH DATA DR.</b>  | 2. STREET ADDRESS: <b>5350 TECH DATA DR.</b>  | 2. STREET ADDRESS: <b>5350 Tech Data Drive</b>        | 2. STREET ADDRESS: <b>5350 Tech Data Drive</b>  |
| 3. CITY, ST, ZIP: <b>CLEARWATER FL 34620</b>  | 3. CITY, ST, ZIP: <b>CLEARWATER FL 34620</b>  | 3. CITY, ST, ZIP: <b>Clearwater, FL 34620</b>         | 3. CITY, ST, ZIP: <b>Clearwater, FL 34620</b>   |
| 4. TITLE: <b>V</b>                            | 4. NAME: <b>Howells, Jeffery P.</b>           | 4. TITLE: <b>V</b>                                    | 4. NAME: <b>Howells, Jeffery P.</b>             |
| 5. STREET ADDRESS: <b>5350 TECH DATA DR.</b>  | 5. STREET ADDRESS: <b>5350 TECH DATA DR.</b>  | 5. STREET ADDRESS: <b>5350 Tech Data Drive</b>        | 5. STREET ADDRESS: <b>5350 Tech Data Drive</b>  |
| 6. CITY, ST, ZIP: <b>CLEARWATER FL 34620</b>  | 6. CITY, ST, ZIP: <b>CLEARWATER FL 34620</b>  | 6. CITY, ST, ZIP: <b>Clearwater, FL 34620</b>         | 6. CITY, ST, ZIP: <b>Clearwater, FL 34620</b>   |
| 7. TITLE: <b>V</b>                            | 7. NAME: <b>Vetter, David R.</b>              | 7. TITLE: <b>V</b>                                    | 7. NAME: <b>Vetter, David R.</b>                |
| 8. STREET ADDRESS: <b>5350 TECH DATA DR.</b>  | 8. STREET ADDRESS: <b>5350 TECH DATA DR.</b>  | 8. STREET ADDRESS: <b>5350 Tech Data Drive</b>        | 8. STREET ADDRESS: <b>5350 Tech Data Drive</b>  |
| 9. CITY, ST, ZIP: <b>CLEARWATER FL 34620</b>  | 9. CITY, ST, ZIP: <b>CLEARWATER FL 34620</b>  | 9. CITY, ST, ZIP: <b>Clearwater, FL 34620</b>         | 9. CITY, ST, ZIP: <b>Clearwater, FL 34620</b>   |
| 10. TITLE: <b>ST</b>                          | 10. NAME: <b>Singleton, Arthur W.</b>         | 10. TITLE: <b>ST</b>                                  | 10. NAME: <b>Singleton, Arthur W.</b>           |
| 11. STREET ADDRESS: <b>5350 TECH DATA DR.</b> | 11. STREET ADDRESS: <b>5350 TECH DATA DR.</b> | 11. STREET ADDRESS: <b>5350 Tech Data Drive</b>       | 11. STREET ADDRESS: <b>5350 Tech Data Drive</b> |
| 12. CITY, ST, ZIP: <b>CLEARWATER FL 34620</b> | 12. CITY, ST, ZIP: <b>CLEARWATER FL 34620</b> | 12. CITY, ST, ZIP: <b>Clearwater, FL 34620</b>        | 12. CITY, ST, ZIP: <b>Clearwater, FL 34620</b>  |
| 13. TITLE: <b>Controller</b>                  | 13. NAME: <b>Attinella, Michael J.</b>        | 13. TITLE: <b>Controller</b>                          | 13. NAME: <b>Attinella, Michael J.</b>          |
| 14. STREET ADDRESS: <b>5350 TECH DATA DR.</b> | 14. STREET ADDRESS: <b>5350 TECH DATA DR.</b> | 14. STREET ADDRESS: <b>5350 Tech Data Drive</b>       | 14. STREET ADDRESS: <b>5350 Tech Data Drive</b> |
| 15. CITY, ST, ZIP: <b>CLEARWATER FL 34620</b> | 15. CITY, ST, ZIP: <b>CLEARWATER FL 34620</b> | 15. CITY, ST, ZIP: <b>Clearwater, FL 34620</b>        | 15. CITY, ST, ZIP: <b>Clearwater, FL 34620</b>  |
| 16. TITLE: <b>ST</b>                          | 16. NAME: <b>Singleton, Arthur W.</b>         | 16. TITLE: <b>ST</b>                                  | 16. NAME: <b>Singleton, Arthur W.</b>           |
| 17. STREET ADDRESS: <b>5350 TECH DATA DR.</b> | 17. STREET ADDRESS: <b>5350 TECH DATA DR.</b> | 17. STREET ADDRESS: <b>5350 Tech Data Drive</b>       | 17. STREET ADDRESS: <b>5350 Tech Data Drive</b> |
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14. I, the undersigned, certify that the information required with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information submitted 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 1, 2, or Block 13 of the report or as an attachment with an address.

**SIGNATURE:** *Jeffery P. Howells* **5/1/95** **93-538-7825**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**JEFFERY P. HOWELLS**