

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000074310****1. Entity Name**
TECH DATA CURRENCY MANAGEMENT, INC.**FILED**
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90576 001 ***450.00

Principal Place of Business**5350 TECH DATA DRIVE**
CLEARWATER FL 33760**Mailing Address****5350 TECH DATA DRIVE**
CLEARWATER FL 33760**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3531064**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****VETTER, DAVID R**
5350 TECH DATA DRIVE
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, 2001 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** ☐ Delete
NAME **RAYMUND, STEVEN A**
STREET ADDRESS **5350 TECH DATA DRIVE**
CITY-ST-ZIP **CLEARWATER FL 33760****TITLE** **P** ☐ Delete
NAME **CANO, NESTOR**
STREET ADDRESS **5350 TECH DATA DRIVE**
CITY-ST-ZIP **CLEARWATER FL 33760****TITLE** **V** ☐ Delete
NAME **HOWELLS, JEFFERY P**
STREET ADDRESS **5350 TECH DATA DRIVE**
CITY-ST-ZIP **CLEARWATER FL 33760****TITLE** **V** ☐ Delete
NAME **TREPANI, JOSEPH B**
STREET ADDRESS **5350 TECH DATA DRIVE**
CITY-ST-ZIP **CLEARWATER FL 33760****TITLE** **V** ☐ Delete
NAME **DANNEWITZ, CHARLES V**
STREET ADDRESS **5350 TECH DATA DRIVE**
CITY-ST-ZIP **CLEARWATER FL 33760****TITLE** **VST** ☐ Delete
NAME **SINGLETON, ARTHUR W**
STREET ADDRESS **5350 TECH DATA DRIVE**
CITY-ST-ZIP **CLEARWATER FL 33760****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** **Director / CEO** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **EVP - /-CFO** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **Senior VP** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **Senior VP** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **Corporate VP / S / T** ☒ Change ☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)