

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000004935

Entity Name: INGRAM MICRO INC.**Current Principal Place of Business:**3351 MICHELSON DRIVE, SUITE 100
IRVINE, CA 92612**Current Mailing Address:**3351 MICHELSON DRIVE, SUITE 100
IRVINE, CA 92612 US**FEI Number:** 62-1644402**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CEO, DIRECTOR
Name	MONIE, ALAIN
Address	3351 MICHELSON DRIVE, SUITE 100
City-State-Zip:	IRVINE CA 92612

Title	DIRECTOR
Name	LAURANCE, DALE R
Address	3351 MICHELSON DRIVE, SUITE 100
City-State-Zip:	IRVINE CA 92612

Title	DIRECTOR
Name	BOYD, LARRY C
Address	3351 MICHELSON DRIVE, SUITE 100
City-State-Zip:	IRVINE CA 92612

Title	CFO
Name	MASTANTUONO, GINA
Address	3351 MICHELSON DRIVE, SUITE 100
City-State-Zip:	IRVINE CA 92612

Title	SECRETARY
Name	ARAGONE, AUGUSTO
Address	3351 MICHELSON DRIVE, SUITE 100
City-State-Zip:	IRVINE CA 92612

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: AUGUSTO ARAGONE**SECRETARY****03/02/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date