

1.) CORPORATION NAME:

**INGRAM MICRO INC.**

DUE DATE: **3/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY  
BANK OF AMERICA CENTER, 16TH FLOOR  
1111 EAST MAIN STREET**

SCC ID NO: **F1374604**

**RICHMOND, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	265,000,000
COMB	135,000,000
PREFER	1,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1600 E. ST ANDREW PLACE

CITY/ST/ZIP: SANTA ANA, CA 92705

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	LARRY C BOYD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP/SEC/GEN C		
ADDRESS:	1600 E ST ANDREW PLACE		
CITY/ST/ZIP/CO:	SANTA ANA, CA 92705		

NAME:	ERIK SMOLDERS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	1600 E. ST ANDREW PL		
CITY/ST/ZIP/CO:	SANTA ANA, CA 92705		

NAME:	ALAIN MONIE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	1600 E ST ANDREW PLACE		
CITY/ST/ZIP/CO:	SANTA ANA, CA 92705		

NAME:	PAUL READ	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1600 E ST ANDREW PLACE		
CITY/ST/ZIP/CO:	SANTA ANA, CA 92705		

NAME:	DALE R. LAURANCE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	1600 E ST ANDREW PLACE		
CITY/ST/ZIP/CO:	SANTA ANA, CA 92705		

NAME:	HOWARD I. ATKINS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1600 E. ST. ANDREW PLACE		
CITY/ST/ZIP/CO:	SANTA ANA, CA 92705		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LESLIE S. HEISZ DIRECTOR 1600 E. ST. ANDREW PLACE SANTA ANA, CA 92705	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN R. INGRAM DIRECTOR 1600 E. ST. ANDREW PLACE SANTA ANA, CA 92705	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ORRIN H. INGRAM DIRECTOR 1600 E. ST. ANDREW PLACE SANTA ANA, CA 92705	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LINDA FAYNE LEVINSON DIRECTOR 1600 E. ST. ANDREW PLACE SANTA ANA, CA 92705	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SCOTT A. MCGREGOR DIRECTOR 1600 E. ST. ANDREW PLACE SANTA ANA, CA 92705	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WADE OOSTERMAN DIRECTOR 1600 E. ST. ANDREW PLACE SANTA ANA, CA 92705	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL T. SMITH DIRECTOR 1600 E. ST. ANDREW PLACE SANTA ANA, CA 92705	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOE B. WYATT DIRECTOR 1600 E. ST. ANDREW PLACE SANTA ANA, CA 92705	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ LARRY C BOYD	LARRY C BOYD, EVP/SEC/GEN C	3/26/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.