



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 139896		2. Name of Corporation CompuCom IT Solutions Inc.			
3. Street Address Principal Business Office 7171 Forest Lane			City Dallas	State TX	Zip 75230
4. Business Phone No. 972-856-3600		5. State of Incorporation MN			
6. Brief Description of the Character of Business Conducted in Rhode Island Computer Sales/Service					
7. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name James Dixon			Vice President Name Jeffrey Frick		
Street Address 7171 Forest Lane			Street Address 7171 Forest Lane		
City Dallas	State TX	Zip 75230	City Dallas	State TX	Zip 75230
Secretary Name Rick McDonough			Treasurer Name Michael Simpson		
Street Address 7171 Forest Lane			Street Address 7171 Forest Lane		
City Dallas	State TX	Zip 75230	City Dallas	State TX	Zip 75230
8. NAMES AND ADDRESSES OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Andrew Gesell			Director Name Jeffrey Vogel		
Street Address 7171 Forest Lane			Street Address 7171 Forest Lane		
City Dallas	State TX	Zip 75230	City Dallas	State TX	Zip 75230
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,500,000	Common	0.01	3,000	Common	0.01
			THIS SECTION MUST BE COMPLETED		

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

<b>FILED</b>	
File Date	MAR 31 2008
Check No.	
By	By 19078
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature: Michael Simpson Date: 2-21-08

Print or Type Name: Michael Simpson

Title: Treasurer