

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

FOR SECRETARY OF STATE USE ONLY

Corporations Division 100 North Main Street Providence, RI 02903-1335

401 222.3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2005 Filing Period: January 1 - March 1 Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 128293 Insight Public Sector, Inc. 3. Street Address Principal Business Office Tempe 85284 5. State of Incorporation 6. SIC Code **ILLINOIS** 3012 7. Brief Description of the Character of Business Conducted in Rhode Island
THE RESALE OF IT GOODS AND SERVICES 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT FILL IN SPACES BEFORE USING ATTACHMENTS City Director Nam Street Address Street Address City Ζ.ф City Zip. 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 10,000 COMM NO PAR VALUE 15000 COMMON no par This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee Under penalty of perjuty, I re and affirm that I have examined this report, including any ageompanying schedules and statements, and that all statements contained herein are



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222.3040

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March I • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 128293 Insight Public Sector, Inc. 3. Street Address Principal Business Office City State Zip 1305 West Auto Drive Tempe ΑZ 85284 4. Business Phone No. 5. State of Incorporation 6. SIC Code 800-467-4448 Illinois 3012 7. Brief Description of the Character of Business Conducted in Rhode Island The direct marketing of information technology goods and services 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Timothy A. Crown Stanley Laybourne Street Address Street Address 1305 West Auto Drive . 1305 West Auto Drive City Zip Crrv State Zip Tempe ΑZ 85284 Tempe ΑZ 85284 Secretary Name Treasurer Name P. Robert Moya Stanley Laybourne Street Address Street Address 1305 West Auto Drive .1305 West Auto Drive City State Zip °City State 2tp Tempe ΑZ 85284 . Tempe ΑZ 85284 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FORATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Timothy A. Crown \*Stanley Laybourne Street Address · Street Address 1305 West Auto Drive 1305 West Auto Drive City State Zip •City State Ztр Tempe ΑZ 85284 Tempe ΑZ 85284 Director Name Director Name P. Robert Moya Street Address Street Address 1305 West Auto Drive Ċitv State State Zip Tempe AZ 85284 10. SHARES AUTHORIZED C'X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 10,000 common, no par value 1000 common no par This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

		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.
File Date	1-16-04	( ) ) // / / / / / / / / / / / / / / / /

Check No. COOO 26346

By:

FOR SECRETARY OF STATE USE ONLY

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this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

| -/9-04|
| Signature of Officer | Date
| P. Robert Moya
| Print or Type Name of Officer |

Secretary Title of Officer



FOR SECRETARY OF STATE USE ONLY

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

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# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1 -		ing Fee: \$50.00			<del></del>		
(FORM MUST BE TYPED IN B							
I. Corporate ID No. *128293*	1 , ,						
3. Street Address Principal Busin	ess Office		City	State	Zip		
444 SCOTT DRIVE	-		BLOOMINGDALE	IL	60108-		
4. Business Phone No.		5. State of Incorpora					
800-888-5390		ILLINOIS	11ion 6. SIC Code 30/2				
7. Brief Description of the Chara				<del></del>	1 00.01		
THE RESALE OF IT GOO	DUS AND SERVIC	ES					
8. NAMES AND ADDRESS President Name	ES OF THE OFFI	CERS ("X" BOX FOR	ATTACHMENT) Z FILL IN SPA	CES BEFORE USING A	TTACHMENTS		
Timothy A. Crown			. Vice President Name  Stanley Laybourne				
Street Address		<del></del>	* Sireet Address				
1305 West Auto Dri	ve		· 1305 West Auto Drive				
City	State	Zip	City	State	Zip		
Tempe	AZ	85284	· Tempe	AZ	85284		
Secretary Name			Treasurer Name		]		
P. Robert Moya			Stanley Laybourne				
Street Address			* Street Address				
1305 West Auto Dri	ve		.1305 West Auto Drive				
City	State	Zip	*City	State	Zip		
Tempe	AZ	85284	. Tempe	AZ	· ·		
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Director Name	E2 OM UNE DIKE	CTURSIFX#BOX FO	RATTACHMENT)   FILLIN SP	AÇES BEFORE USING	ATTACHMENTS		
			, Director Name				
Timothy A. Crown			Stanley Laybourne				
Street Address			· Sireet Address				
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City	State	Zip	•City	State	Zip		
Tempe	AZ	85284	Tempe	AZ	85284		
Director Name			Director Name		J • • • • • • • • • • • • • • • •		
P. Robert Moya			• Duction Name				
Street Address		<del></del>	•	···			
1305 West Auto Dri	***		· Sireet Address				
City							
Tempe	State	Zip	City	State	Zip		
	AZ	85284					
10. SHARES AUTHORIZE	D ("X" BOX FOR A	TTACHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)				
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inis report must de signed	in ink by either	the President, Vice	President, Secretary, Assista	int Secretary, Treasi	irer, Receiver or Trustee		
	18						
+ 1 2	B 2 9 3 +		Under penalty of perjur	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements,			
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**128293* 2/25/036:52:4	<b>3 1</b> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<b>,</b>	and that all statements contained herein are true and correct.				
File Date	x 0-03		( 6)11 - 3-10-03				
100	<u> </u>	<b>ا</b> ر ا	Signature of Officer	reger of	)ate		
Check No / (-) 0 - 0	U1-1-U	-1 4					
		· ·	P. Robert Moya				
<b>D</b>	11.00	- 1	Print or Type Name of OL	jicer			

Secretary

Title of Officer

# COMARK GOVERNMENT AND EDUCATION SALES, INC.

#### **ADDITIONAL OFFICERS**

Timothy A. Crown Chief Executive Officer 1305 West Auto Drive Tempe, AZ 85284

Stanley Laybourne Assistant Secretary 1305 West Auto Drive Tempe, AZ 85284

P. Robert Moya Executive Vice President 1305 West Auto Drive Tempe, Arizona 85284