

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **822803** (3)

1. Corporation Name
ARROW ELECTRONICS INC.



Principal Place of Business Mailing Address
25 HUB DRIVE
ATT: TAX DEPT.
MELVILLE, NY. 11747

3. Date Incorporated or Qualified **05/16/1969** 3a. Date of Last Report **04/27/1995**
4. FEI Number **11-1806155** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS
TITLE DELETE
NAME **V BURTON, DON E.**
STREET ADDRESS **25 HUB DR**
CITY- ST- ZIP **MELVILLE NY**
TITLE DELETE
NAME **DCP KAUFMAN, STEPHEN P**
STREET ADDRESS **25 HUB DR**
CITY- ST- ZIP **MELVILLE, NY.**
TITLE DELETE
NAME **DV MENEFEE, STEVEN W.**
STREET ADDRESS **25 HUB DRIVE**
CITY- ST- ZIP **MELVILLE NY**
TITLE DELETE
NAME **D WADDELL, JOHN C**
STREET ADDRESS **375 PARK AVE**
CITY- ST- ZIP **NEW YORK NY**
TITLE DELETE
NAME **DVST KLATELL, ROBERT E**
STREET ADDRESS **25 HUB DR**
CITY- ST- ZIP **MELVILLE, NY.**
TITLE DELETE
NAME **V FERRI, VINCENT J**
STREET ADDRESS **25 HUB DR**
CITY- ST- ZIP **MELVILLE, NY.**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Vincent J. Ferri* Vincent J. Ferri 1/24/96 (516) 391-1444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E034 (12/95)