

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 11 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # 822803 (3)**  
 1. Corporation Name  
**ARROW ELECTRONICS INC.**

Principal Place of Business <b>25 HUB DRIVE                  ATT: TAX DEPT.                  MELVILLE, NY. 11747</b>	Mailing Address <b>25 HUB DRIVE                  ATT: TAX DEPT.                  MELVILLE, NY. 11747</b>
---	---



DO NOT WRITE IN THIS SPACE

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
24 Country	29 Country
25	30

3. Date Incorporated or Qualified <b>05/16/1969</b>	
4. FEI Number <b>11-1806155</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Gerald Luterman</b>
1.3 STREET ADDRESS	<b>25 Hub Drive</b>
1.4 CITY-ST-ZIP	<b>Melville, NY 11747</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<b>DSV</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: \_\_\_\_\_ **4/28/98 (516) 391-1809**

CR2E034 (10/97)