

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 04, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 822803**  
 1. Entity Name  
**ARROW ELECTRONICS INC.**



Principal Place of Business 50 MARCUS DR ATT: TAX DEPT. MELVILLE, NY 11747	Mailing Address 50 MARCUS DR ATT: TAX DEPT. MELVILLE, NY 11747
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**DO NOT WRITE IN THIS SPACE**



03172005 No Chg-P CR2E034 (10/03)

4. FEI Number 11-1806155	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

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

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	BIRNS, IRA M
STREET ADDRESS	50 MARCUS DR
CITY-ST-ZIP	MELVILLE, NY 11747
TITLE	DC
NAME	DUVALL, DANIEL W
STREET ADDRESS	50 MARCUS DR
CITY-ST-ZIP	MELVILLE, NY 11747
TITLE	DP
NAME	MITCHELL, WILLIAM E
STREET ADDRESS	50 MARCUS DR.
CITY-ST-ZIP	MELVILLE, NY 11747
TITLE	DSVP
NAME	BROWN, PETER S
STREET ADDRESS	50 MARCUS DR
CITY-ST-ZIP	MELVILLE, NY 11747
TITLE	VPCF
NAME	REILLY, PAUL
STREET ADDRESS	50 MARCUS DR.
CITY-ST-ZIP	MELVILLE, NY 11747
TITLE	VP
NAME	CASALE, MCHAEAL M
STREET ADDRESS	50 MARCUS DRIVE
CITY-ST-ZIP	MELVILLE, NY 11747

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 04/04/05-80035-011 158.75

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael M. Casale Michael M. Casale 3/20/05 621-847-2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #