

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90158 031 ***158.75

0618754 AT

DOCUMENT # 822803

1. Entity Name
ARROW ELECTRONICS INC.



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

Mailing Address
~~25 HUB DRIVE~~
ATT: TAX DEPT.
MELVILLE, NY 11747



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
50 MARCUS DRIVE

3. Mailing Address
50 MARCUS DRIVE

City & State
MELVILLE, NY

City & State
MELVILLE, NY

4. FEI Number **11-1806155**

Applied For
 Not Applicable

Zip **11747** Country **USA**

Zip **11747** Country **USA**

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
T	BIRNS, IRA M	25 HUB DRIVE	MELVILLE NY 11747	<input type="checkbox"/>
DC	KAUFMAN, STEPHEN P	25 HUB DR	MELVILLE NY 11747	<input checked="" type="checkbox"/>
DV	MENEFEE, STEVEN W.	25 HUB DRIVE	MELVILLE NY	<input type="checkbox"/>
D	WADDELL, JOHN C	375 PARK AVE	NEW YORK NY	<input checked="" type="checkbox"/>
DSV	KLATELL, ROBERT E	25 HUB DR	MELVILLE, NY.	<input type="checkbox"/>
V	CASALE, MCHAE M	25 HUB DR	MELVILLE NY 11747	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
T	IRA BIRNS	50 Marcus Drive, Melville, NY	11747	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CEO/DIRECTOR	DANIEL W. DUVALL	50 MARCUS DRIVE, MELVILLE, NY	11747	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DIRECTOR / SVP	STEVEN W. MENEFEE	50 MARCUS DRIVE, MELVILLE, NY	11747	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DIRECTOR / SVP, GC & SECRETARY	PETER S. BROWN	50 MARCUS DRIVE, MELVILLE, NY	11747	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DIRECTOR / EVP	ROBERT E. KLATELL	50 MARCUS DRIVE, MELVILLE, NY	11747	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	MICHAEL M. CASALE	50 MARCUS DRIVE, MELVILLE, NY	11747	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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: SIGNATURE MICHAEL M. CASALE 1/17/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)