

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 822803

**FILED
Mar 25, 2015
Secretary of State
CC8545716745**

Entity Name: ARROW ELECTRONICS INC.

Current Principal Place of Business:

7459 S LIMA STREET
ENGLEWOOD, CO 80112

Current Mailing Address:

70 MAXESS ROAD
MELVILLE, NY 11747 US

FEI Number: 11-1806155

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title PRESIDENT, CEO, CHAIRMAN
Name LONG, MICHAEL
Address 7459 SOUTH LIMA ST.
City-State-Zip: ENGLEWOOD CO 80112

Title SR. VP, SECRETARY, GC
Name TARPINIAN, GREGORY
Address 7459 S LIMA STREET
City-State-Zip: ENGLEWOOD CO 80112

Title CFO, EVP
Name REILLY, PAUL
Address 70 MAXESS ROAD
City-State-Zip: MELVILLE NY 11747

Title VP
Name CASALE, MICHAEL M
Address 70 MAXESS ROAD
City-State-Zip: MELVILLE NY 11747

Title TREASURER
Name MONACO, JASON
Address 7459 S LIMA STREET
City-State-Zip: ENGLEWOOD CO 80112

Title VP
Name BRYANT, ANDREW
Address 7459 S LIMA STREET
City-State-Zip: ENGLEWOOD CO 80112

Title DIRECTOR
Name HAMILTON, GAIL
Address 7459 S LIMA STREET
City-State-Zip: ENGLEWOOD CO 80112

Title DIRECTOR
Name HILL, RICHARD
Address 7459 S LIMA STREET
City-State-Zip: ENGLEWOOD CO 80112

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL CASALE

VICE PRESIDENT

03/25/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP
Name MELVIN, VINCENT
Address 70 MAXESS ROAD
City-State-Zip: MELVILLE NY 11747

Title DIRECTOR
Name PATRICK, STEPHEN
Address 7459 S LIMA STREET
City-State-Zip: ENGLEWOOD CO 80112

Title DIRECTOR
Name KERIN, ANDREW C
Address 7459 S LIMA STREET
City-State-Zip: ENGLEWOOD CO 80112

Title VP
Name JEAN-CLAUDE, CARINE
Address 70 MAXESS ROAD
City-State-Zip: MELVILLE NY 11747

Title DIRECTOR
Name KEETH, FRAN M
Address 7459 S LIMA STREET
City-State-Zip: ENGLEWOOD CO 80112

Title DIRECTOR
Name PERRY, BARRY
Address 7459 S LIMA STREET
City-State-Zip: ENGLEWOOD CO 80112

Title DIRECTOR
Name ASHERMAN, PHILIP K
Address 7459 S LIMA STREET
City-State-Zip: ENGLEWOOD CO 80112

Title DIRECTOR
Name HANSON, JOHN
Address 7459 S LIMA STREET
City-State-Zip: ENGLEWOOD CO 80112