

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 454547**

1. Entity Name

**ARROW ELECTRIC COMPANY****FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90046 034 \*\*\*150.00

**00013167**

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
501 PALM STREET P.O. BOX 467 WEST PALM BEACH FL 33402	501 PALM STREET P.O. BOX 467 WEST PALM BEACH FL 33402

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number	59-1791056	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
EASON, JAMES D. 501 PALM STREET W. PALM BCH FL 33401

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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE	S <input type="checkbox"/> Delete
NAME	EASON, DALLAS JOY
STREET ADDRESS	5729 FERNLEY DR.
CITY-ST-ZIP	LAKE WORTH FL
TITLE	P <input type="checkbox"/> Delete
NAME	EASON, JAMES D.
STREET ADDRESS	5729 FERNLEY DR.
CITY-ST-ZIP	LAKE WORTH FL
TITLE	V <input type="checkbox"/> Delete
NAME	EASON, JAMES K.
STREET ADDRESS	6598 LAWRENCE WOOD CT.
CITY-ST-ZIP	LANTANA FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES D. EASON - 22-01  
PRES.

Date

561-659-3600

Daytime Phone #

CR2E034 (10/00)