

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 822803

FILED
Mar 03, 2009
Secretary of State

Entity Name: ARROW ELECTRONICS INC.

Current Principal Place of Business:

50 MARCUS DR
ATT: TAX DEPT.
MELVILLE,, NY 11747

New Principal Place of Business:

Current Mailing Address:

50 MARCUS DR
ATT: TAX DEPT.
MELVILLE,, NY 11747

New Mailing Address:

FEI Number: 11-1806155 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: DUVALL, DANIEL W
Address: 50 MARCUS DR
City-St-Zip: MELVILLE, NY 11747

Title: DP () Delete
Name: MITCHELL, WILLIAM E
Address: 50 MARCUS DR.
City-St-Zip: MELVILLE, NY 11747

Title: DSVP () Delete
Name: BROWN, PETER S
Address: 50 MARCUS DR
City-St-Zip: MELVILLE, NY 11747

Title: VPCF () Delete
Name: REILLY, PAUL
Address: 50 MARCUS DR.
City-St-Zip: MELVILLE, NY 11747

Title: VP () Delete
Name: CASALE, MICHAEL M
Address: 50 MARCUS DRIVE
City-St-Zip: MELVILLE, NY 11747

Title: SVP () Delete
Name: LONG, MICHAEL J
Address: 7459 SOUTH LIMA ST
City-St-Zip: ENGLEWOOD, CO 80112 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHAEL M CASALE

VP

03/03/2009

Electronic Signature of Signing Officer or Director

_____ Date