

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90061 005 ***150.00

0509302 AT

DOCUMENT # 850685

1. Entity Name
ARROW FASTENER CO., INC.

Principal Place of Business 271 MAYHILL ST SADDLE BROOK NJ 07662-5303	Mailing Address 21001 VAN BORN ROAD TAYLOR MI 48180
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 22-1818358	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324		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 _____ (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) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	---	--

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE VP/T/AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ABRAMS, ALLAN		NAME Robert B. Rosowski	
STREET ADDRESS 271 MAYHILL STREET		STREET ADDRESS 21001 Van Born Road	
CITY-ST-ZIP ROCHELLE PARK NJ 07662		CITY-ST-ZIP Taylor, MI 48180-1340	
TITLE VTDS	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MOSTELLER, RICHARD G		NAME	
STREET ADDRESS 21001 VAN BORN ROAD		STREET ADDRESS	
CITY-ST-ZIP TAYLOR MI 48180		CITY-ST-ZIP	
TITLE DVS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GARGARO, EUGENE A JR		NAME	
STREET ADDRESS 21001 VAN BORN ROAD		STREET ADDRESS	
CITY-ST-ZIP TAYLOR MI 48180		CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KENNEDY, RAYMOND F		NAME	
STREET ADDRESS 21001 VAN BORN ROAD		STREET ADDRESS	
CITY-ST-ZIP TAYLOR MI 48180		CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DORAN, DAVID A		NAME	
STREET ADDRESS 21001 VAN BORN ROAD		STREET ADDRESS	
CITY-ST-ZIP TAYLOR MI 48180		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 REQUIRED **David A. Doran** **4/25/02** **313/792-6162**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)