

2004 FOR PROFIT CORPORATION ANNUAL REPORT


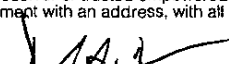
FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90244 006 ***150.00

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04202004 Chg-P CR2E034 (10/03)

DOCUMENT # 850685			
1. Entity Name ARROW FASTENER CO., INC.		Principal Place of Business 271 MAYHILL ST SADDLE BROOK, NJ 07662-5303	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324		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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABRAMS, ALLAN	NAME	
STREET ADDRESS	271 MAYHILL STREET	STREET ADDRESS	
CITY-ST-ZIP	SADDLE BROOK, NJ 07662	CITY-ST-ZIP	
TITLE	DVTS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSOWSKI, ROBERT B	NAME	
STREET ADDRESS	21001 VAN BORN ROAD	STREET ADDRESS	
CITY-ST-ZIP	TAYLOR, MI 481801340	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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEEKLEY, JOHN R	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	VAS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WADHAMS, TIMOTHY	NAME	
STREET ADDRESS	21001 VAN BORN ROAD	STREET ADDRESS	
CITY-ST-ZIP	TAYLOR, MI 48180	CITY-ST-ZIP	
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: 		David A. Doran, VP 4/21/04 313/274-7400	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	