

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 850685

FILED  
Apr 12, 2007  
Secretary of State

Entity Name: ARROW FASTENER CO., INC.

**Current Principal Place of Business:**

271 MAYHILL ST  
SADDLE BROOK, NJ 076625303

**New Principal Place of Business:**

271 MAYHILL ST  
SADDLE BROOK, NJ 07663

**Current Mailing Address:**

C/O TAX DEPT., 21001 VAN BORN ROAD  
TAYLOR, MI 48180

**New Mailing Address:**

C/O TAX DEPT.  
21001 VAN BORN ROAD  
TAYLOR, MI 48180

FEI Number: 22-1818358

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324 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: P ( ) Delete  
Name: ABRAMS, ALLAN,  
Address: 271 MAYHILL STREET  
City-St-Zip: SADDLE BROOK, NJ 07662

Title: DVT ( ) Delete  
Name: SZNEWAJS, JOHN G  
Address: 21001 VAN BORN ROAD  
City-St-Zip: TAYLOR, MI 481801340

Title: DVS ( ) Delete  
Name: GARGARO, EUGENE A JR  
Address: 21001 VAN BORN ROAD  
City-St-Zip: TAYLOR, MI 48180

Title: D ( ) Delete  
Name: LEEKLEY, JOHN R  
Address: 21001 VAN BORN ROAD  
City-St-Zip: TAYLOR, MI 48180

Title: V ( ) Delete  
Name: MOLLIE, JERRY W  
Address: 21001 VAN BORN ROAD  
City-St-Zip: TAYLOR, MI 48180

Title: VAS ( ) Delete  
Name: WADHAMS, TIMOTHY  
Address: 21001 VAN BORN ROAD  
City-St-Zip: TAYLOR, MI 48180

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: ABRAMS, JOSHUA  
Address: 271 MAYHILL STREET  
City-St-Zip: SADDLE BROOK, NJ 07663

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  
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 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: JERRY W. MOLLIE

VP

04/12/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date