

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002219

FILED  
Jan 04, 2012  
Secretary of State

**Entity Name:** ARROW ENTERPRISE COMPUTING SOLUTIONS, INC.

**Current Principal Place of Business:**

50 MARCUS DR.  
MELVILLE, NY 11747

**New Principal Place of Business:**

**Current Mailing Address:**

50 MARCUS DR.  
MELVILLE, NY 11747

**New Mailing Address:**

**FEI Number:** 11-2860574

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NRAI SERVICES, INC.  
515 E PARK AVE  
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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: REILLY, PAUL J  
Address: 50 MARCUS DR.  
City-St-Zip: MELVILLE, NY 11747

Title: DS  
Name: BROWN, PETER S  
Address: 50 MARCUS DR.  
City-St-Zip: MELVILLE, NY 11747

Title: DP  
Name: LONG, MICHAEL J  
Address: 7459 S. LIMA ST.  
City-St-Zip: ENGLEWOOD, CO 80112

Title: VP  
Name: CASALE, MICHAEL M.  
Address: 50 MARCUS DR.  
City-St-Zip: MELVILLE, NY 11747

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL M CASALE

VP

01/04/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date