FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P10176** **(6)**

1. Corporation Name

ARROW ELECTRIC CO., INC.

Principal Place of Business	Mailing Address
317 WABASSO AVENUE P.O. BOX 36215 LOUISVILLE KY 40233	317 WABASSO AVENUE P.O. BOX 36215 LOUISVILLE KY 40233

3. Date Incorporated or Qualified: **05/21/1986**

3a. Date of Last Report: **03/15/1995**

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: **61-0532542** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	SAYLOR, HERBERT H.		1.2 NAME		
STREET ADDRESS	STAR ROUTE		1.3 STREET ADDRESS	729 WILSONVILLE ROAD	
CITY-ST-ZIP	FISHERVILLE KY		1.4 CITY-ST-ZIP	FISHERVILLE KY 40023	
TITLE	PD	☒ DELETE	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	SEYMOUR, KENNETH E.L.		2.2 NAME	H. BARRY SAYLOR	
STREET ADDRESS	2007 MARILEE DR.		2.3 STREET ADDRESS	1103 SPRINGSIDE COURT	
CITY-ST-ZIP	LOUISVILLE KY		2.4 CITY-ST-ZIP	LOUISVILLE KY 40223	
TITLE	V	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	JANES, JOHN D.		3.2 NAME	CHARMAINE S. FRANCIS	
STREET ADDRESS	3611 TWIN OAK LN		3.3 STREET ADDRESS	5832 BRITTANY WOODS CIRCLE	
CITY-ST-ZIP	LOUISVILLE KY		3.4 CITY-ST-ZIP	LOUISVILLE KY 40222	
TITLE	STD	☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	NORRIS, THOMAS L.		4.2 NAME	MICHAEL H. SAYLOR	
STREET ADDRESS	2504 ALANMEDE RD.		4.3 STREET ADDRESS	8718 CHASE TAYLER PLACE	
CITY-ST-ZIP	LOUISVILLE KY		4.4 CITY-ST-ZIP	LOUISVILLE KY 40220	
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	FITZGERALD, RICHARD		5.2 NAME		
STREET ADDRESS	2902 JUNIPER HILL RD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE KY		5.4 CITY-ST-ZIP		
TITLE	CEOD	☐ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	SAYLOR, SCOTT A.		6.2 NAME		
STREET ADDRESS	3011 WHITEWAY AVENUE		6.3 STREET ADDRESS	1702 GARDINER LANE	
CITY-ST-ZIP	LOUISVILLE KY		6.4 CITY-ST-ZIP	LOUISVILLE KY 40205	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thomas L. Norris — 04/30/96 — (502) 367-0141

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