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Apr 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

317 WABASSO AVENUE
P.O. BOX 36215
LOUISVILLE KY 40233

Mailing Address

317 WABASSO AVENUE
P.O. BOX 36215
LOUISVILLE KY 40233-6215

3. Date Incorporated or Qualified

05/21/1986

3a. Date of Last Report

05/01/1996

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD ☐ DELETE
NAME SAYLOR, HERBERT H.
STREET ADDRESS 729 WILSONVILLE RD
CITY- ST- ZIP FISHERVILLE KY

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

TITLE VD ☐ DELETE
NAME SAYLOR, H. BARRY
STREET ADDRESS 1103 SPRINGSIDE CT
CITY- ST- ZIP LOUISVILLE KY

2.1 TITLE P/D ☒ Change ☐ Addition
2.2 NAME SAYLOR, H. BARRY
2.3 STREET ADDRESS 1103 SPRINGSIDE COURT
2.4 CITY- ST- ZIP LOUISVILLE KY

TITLE D ☒ DELETE
NAME SAYLOR, MICHAEL M
STREET ADDRESS 8718 CHASE TAYLER PL
CITY- ST- ZIP LOUISVILLE KY

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE STD ☐ DELETE
NAME NORRIS, THOMAS L.
STREET ADDRESS 2504 ALANMEDE RD.
CITY- ST- ZIP LOUISVILLE KY

4.1 TITLE M/D ☐ Change ☒ Addition
4.2 NAME SEYMOUR, KENNETH G.
4.3 STREET ADDRESS 5315 TAHIA DRIVE
4.4 CITY- ST- ZIP LOUISVILLE KY 40216

TITLE CEO ☒ DELETE
NAME SAYLOR, SCOTT A.
STREET ADDRESS 1702 GARDINER LN
CITY- ST- ZIP LOUISVILLE KY

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME THOMPSON, JESSICA D.
5.3 STREET ADDRESS 1514 KNOB AVENUE
5.4 CITY- ST- ZIP NEW ALBANY IN 47150

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME FRANCIS, CHARMAINE S.
6.3 STREET ADDRESS 5832 BRITTANY WOODS CIRCLE
6.4 CITY- ST- ZIP LOUISVILLE KY 40222

14. I do 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 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, changed, or on an attachment with an address.

SIGNATURE:

Thomas L. Norris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SECRETARY/TREASURER

03/24/97

(502) 367-0141

Date

Daytime Phone #

0478010

CR2E034 (9/96)