

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90107 029 ***150.00

DOCUMENT # P10176

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

61-0532542

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
P
NAME **PACE, D. CHRIS**
STREET ADDRESS **3434 PEPPERHILL ROAD**
CITY-ST-ZIP **LEXINGTON KY**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
V
NAME **SAYLOR, H. BARRY**
STREET ADDRESS **1103 SPRINGSIDE COURT**
CITY-ST-ZIP **LOUISVILLE KY**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
V
NAME **THOMPSON, JESSICA D**
STREET ADDRESS **1514 KNOB AVENUE**
CITY-ST-ZIP **NEW ALBANY IN**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
D
NAME **FRANCIS, CHARMAINE D**
STREET ADDRESS **5832 BRITTANY WOODS CIRCLE**
CITY-ST-ZIP **LOUISVILLE KY**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **THOMAS L. NORRIS**
THOMAS L. NORRIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEC./TREAS.

04/27/02

(502) 367-0141

Date

Daytime Phone #

CR2E034 (9/01)