

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10176

FILED
Apr 30, 2004
Secretary of State

Entity Name: ARROW ELECTRIC CO., INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 61-0532542 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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: CD () Delete
Name: SAYLOR, HERBERT H
Address: 729 WILSONVILLE RD
City-St-Zip: FISHERVILLE, KY

Title: P () Delete
Name: PACE, D. CHRIS
Address: 3434 PEPPERHILL ROAD
City-St-Zip: LEXINGTON, KY

Title: V () Delete
Name: SAYLOR, H. BARRY
Address: 1103 SPRINGSIDE COURT
City-St-Zip: LOUISVILLE, KY

Title: STD () Delete
Name: NORRIS, THOMAS L
Address: 2504 ALANMEDE RD.
City-St-Zip: LOUISVILLE, KY

Title: V () Delete
Name: THOMPSON, JESSICA D
Address: 1514 KNOB AVENUE
City-St-Zip: NEW ALBANY, IN

Title: D () Delete
Name: FRANCIS, CHARMAINE D
Address: 5832 BRITTANY WOODS CIRCLE
City-St-Zip: LOUISVILLE, KY

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: V (X) Change () Addition
Name: THOMPSON, JESSICA D
Address: 1514 KNOB AVENUE
City-St-Zip: NEW ALBANY, IN 47150

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 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 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: THOMAS L. NORRIS

STD

04/30/2004

Electronic Signature of Signing Officer or Director

_____ Date