


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90130 032 ***150.00

0647045 AT

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
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 61-0532542	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	CD <input type="checkbox"/> Delete
NAME	SAYLOR, HERBERT H.
STREET ADDRESS	729 WILSONVILLE RD
CITY-ST-ZIP	FISHERVILLE KY
TITLE	P <input type="checkbox"/> Delete
NAME	PACE, D. CHRIS
STREET ADDRESS	3434 PEPPERHILL ROAD
CITY-ST-ZIP	LEXINGTON KY
TITLE	V <input type="checkbox"/> Delete
NAME	SAYLOR, H. BARRY
STREET ADDRESS	1103 SPRINGSIDE COURT
CITY-ST-ZIP	LOUISVILLE KY
TITLE	STD <input type="checkbox"/> Delete
NAME	NORRIS, THOMAS L
STREET ADDRESS	2504 ALANMEDE RD.
CITY-ST-ZIP	LOUISVILLE KY
TITLE	V <input type="checkbox"/> Delete
NAME	THOMPSON, JESSICA D
STREET ADDRESS	1514 KNOB AVENUE
CITY-ST-ZIP	NEW ALBANY IN
TITLE	D <input type="checkbox"/> Delete
NAME	FRANCIS, CHARMAINE D
STREET ADDRESS	5832 BRITTANY WOODS CIRCLE
CITY-ST-ZIP	LOUISVILLE KY

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas L. Norris* **REQUIRED** THOMAS L. NORRIS 02/12/03 (502) 367-0141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)