

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P14940** (1)
1. Corporation Name
GATES/ARROW DISTRIBUTING, INC.



Principal Place of Business
**39 PELHAM RIDGE DR.
GREENVILLE SC 29615**

Mailing Address
**25 HUB DRIVE
ATTN: TAX DEPT.
MELVILLE NY 11747
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/23/1987
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 11-2860574		Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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	D KAUFMAN, STEPHEN P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	25 HUB DRIVE	1.2 NAME	
STREET ADDRESS	MELVILLE NY	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VTSD KATELL, ROBERT E. ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	25 HUB DRIVE	2.2 NAME	
STREET ADDRESS	MELVILLE NY	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	C LAWRENCE R. KEM ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	25 HUB DR.	3.2 NAME	
STREET ADDRESS	MELVILLE NY	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	P MICHAEL J. LONG ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	25 HUB DR.	4.2 NAME	
STREET ADDRESS	MELVILLE NY	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	AS IRA M. BIRNS ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	25 HUB DR.	5.2 NAME	
STREET ADDRESS	MELVILLE NY	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	V FERRI, VINCENT J. ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	25 HUB DRIVE	6.2 NAME	
STREET ADDRESS	MELVILLE NY	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 incorporator 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.

CR2E034 (10/97)