

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90158 032 ***158.75

DOCUMENT # P14940

1. Entity 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**



2. Principal Place of Business

3. Mailing Address

50 MARCUS DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
MELVILLE, NY

Zip

Country

Zip

Country
U.S.A.

4. FEI Number **11-2860574**

Applied For

Not Applicable

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

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

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

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

(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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☒ Delete
NAME	KAUFMAN, STEPHEN P	
STREET ADDRESS	25 HUB DRIVE	
CITY-ST-ZIP	MELVILLE NY	
TITLE	VSD	☐ Delete
NAME	KLATELL, ROBERT E.	
STREET ADDRESS	25 HUB DRIVE	
CITY-ST-ZIP	MELVILLE NY 11747	
TITLE	D	☒ Delete
NAME	WADDELL, JOHN C	
STREET ADDRESS	25 HUB DR.	
CITY-ST-ZIP	MELVILLE NY 11747	
TITLE	P	☐ Delete
NAME	MICHAEL J. LONG	
STREET ADDRESS	25 HUB DR.	
CITY-ST-ZIP	MELVILLE NY	
TITLE	T	☐ Delete
NAME	BIRNS, IRA M	
STREET ADDRESS	25 HUB DR.	
CITY-ST-ZIP	MELVILLE NY 11747	
TITLE	V	☐ Delete
NAME	CASALE, MICHAEL M	
STREET ADDRESS	25 HUB DRIVE	
CITY-ST-ZIP	MELVILLE NY 11747	

TITLE	VP & Asst. Sec.	☐ Change ☒ Addition
NAME	Wayne Brody	
STREET ADDRESS	50 MARCUS DRIVE, MELVILLE, NY 11747	
CITY-ST-ZIP	50 MARCUS DRIVE, MELVILLE, NY 11747	
TITLE	DIRECTOR/VP & SECRETARY	☒ Change ☐ Addition
NAME	ROBERT E. KATELL	
STREET ADDRESS	50 MARCUS DRIVE, MELVILLE, NY 11747	
CITY-ST-ZIP	50 MARCUS DRIVE, MELVILLE, NY 11747	
TITLE	DIRECTOR/VP & CFO	☒ Change ☐ Addition
NAME	PAUL J. REILLY	
STREET ADDRESS	50 MARCUS DRIVE, MELVILLE, NY 11747	
CITY-ST-ZIP	50 MARCUS DRIVE, MELVILLE, NY 11747	
TITLE	DIRECTOR/PRESIDENT	☒ Change ☐ Addition
NAME	MICHAEL J. LONG	
STREET ADDRESS	50 MARCUS DRIVE, MELVILLE, NY 11747	
CITY-ST-ZIP	50 MARCUS DRIVE, MELVILLE, NY 11747	
TITLE	TREASURER	☒ Change ☐ Addition
NAME	IRA M. BIRNS	
STREET ADDRESS	50 MARCUS DRIVE, MELVILLE, NY 11747	
CITY-ST-ZIP	50 MARCUS DRIVE, MELVILLE, NY 11747	
TITLE	VP	☒ Change ☐ Addition
NAME	MICHAEL M. CASALE	
STREET ADDRESS	50 MARCUS DRIVE, MELVILLE, NY 11747	
CITY-ST-ZIP	50 MARCUS DRIVE, MELVILLE, NY 11747	

CR2E034 (10/02)

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:

SIG Michael M. Casale

11/7/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #