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Apr 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P29230 (0)

1. Corporation Name
NU HORIZONS ELECTRONICS CORP.



Principal Place of Business
6000 NEW HORIZONS BOULEVARD
AMITYVILLE NY 11701

Mailing Address
6000 NEW HORIZONS BOULEVARD
AMITYVILLE NY 11701-1146

3. Date Incorporated or Qualified
05/07/1990

3a. Date of Last Report
03/04/1996

4. FEI Number
11-2621097

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

STREET ADDRESS
CITY-ST-ZIP
C LUBMAN, IRVING
320 PEPBRIDGE ROAD
HEWLETT HARBOR NY

TITLE NAME ☐ DELETE

STREET ADDRESS
CITY-ST-ZIP
PD NADATA, ARTHUR
25 NORTHCOTE DR.
MELVILLE NY

TITLE NAME ☐ DELETE

STREET ADDRESS
CITY-ST-ZIP
VD DURANDO, PAUL
31 MARLIN LANE
PORT WASHINGTON NY 10050

TITLE NAME ☐ DELETE

STREET ADDRESS
CITY-ST-ZIP
VSD SCHUSTER, RICHARD S.
11 CLEARMEADOW COURT
WOODBURY NY

TITLE NAME ☐ DELETE

STREET ADDRESS
CITY-ST-ZIP
D GARDNER, HERBERT M.
4 DARLEY ROAD
GREAT NECK NY

TITLE NAME ☐ DELETE

STREET ADDRESS
CITY-ST-ZIP
D BLAU, HARVEY R.
125 WEATLEY ROAD
OLD WESTBURY NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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***165.00

14. I do 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 receiver 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, upon an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1.21.97

(516)226-6000

CR2E034 (9/96)