

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90086 027 ***150.00

DOCUMENT # P29230

1. Corporation Name

NU HORIZONS ELECTRONICS CORP.

NU HORIZONS ELECT. CORP.
70 MAXESS ROAD
MELVILLE, NY 11747

Principal Place of Business

NU HORIZONS ELECT. CORP.
70 MAXESS ROAD
MELVILLE NY 11747

Mailing Address

NU HORIZONS ELECT. CORP.
70 MAXESS ROAD
MELVILLE NY 11747

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/07/1990

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	LUBMAN, IRVING	
STREET ADDRESS	329 PEPPRIDGE ROAD	
CITY-ST-ZIP	HEWLETT HARBOR NY	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	NADATA, ARTHUR	
STREET ADDRESS	25 NORTHCOTE DR.	
CITY-ST-ZIP	MELVILLE NY	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DURANDO, PAUL	
STREET ADDRESS	31 MARLIN LANE	
CITY-ST-ZIP	PORT WASHINGTON NY 10050	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	SCHUSTER, RICHARD S.	
STREET ADDRESS	11 CLEARMEADOW COURT	
CITY-ST-ZIP	WOODBURY NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GARDNER, HERBERT M.	
STREET ADDRESS	4 DARLEY ROAD	
CITY-ST-ZIP	GREAT NECK NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLAU, HARVEY R.	
STREET ADDRESS	125 WEATLEY ROAD	
CITY-ST-ZIP	OLD WESTBURY NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE OF FINANCIAL OFFICER

Date

Daytime Phone #

CR2E034 (11/98)