

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90182 017 ***150.00

DOCUMENT # 850685

1. Entity Name
ARROW FASTENER CO., INC.

Principal Place of Business 271 MAYHILL ST SADDLE BROOK NJ 07662-5303	Mailing Address 21001 VAN BORN ROAD TAYLOR MI 48180
---	---

00057834



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 22-1818358	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
UNITED STATES CORPORATION COMPANY
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
State 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ABRAMS, ALLAN	
STREET ADDRESS	271 MAYHILL STREET	
CITY-ST-ZIP	SADDLE BROOK NJ 07663	
TITLE	DVTA	<input type="checkbox"/> Delete
NAME	MOSTELLER, RICHARD G	
STREET ADDRESS	21001 VAN BORN ROAD	
CITY-ST-ZIP	TAYLOR MI 48180	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	GARGARO, EUGENE A JR	
STREET ADDRESS	21001 VAN BORN ROAD	
CITY-ST-ZIP	TAYLOR MI 48180	
TITLE	D	<input type="checkbox"/> Delete
NAME	KENNEDY, RAYMOND F	
STREET ADDRESS	21001 VAN BORN ROAD	
CITY-ST-ZIP	TAYLOR MI 48180	
TITLE	V	<input type="checkbox"/> Delete
NAME	DORAN, DAVID A	
STREET ADDRESS	21001 VAN BORN ROAD	
CITY-ST-ZIP	TAYLOR MI 48180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	07662	
TITLE	V T D A S	<input checked="" 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	V D	<input checked="" 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		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David A. Doran DATE: 4/24/01 DAYTIME PHONE #: 313/792-6162
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)