

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**


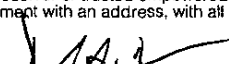
**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90244 006 \*\*\*150.00

04202004 Chg-P CR2E034 (10/03)



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<b>DOCUMENT # 850685</b>			
1. Entity Name <b>ARROW FASTENER CO., INC.</b>		Principal Place of Business 271 MAYHILL ST SADDLE BROOK, NJ 07662-5303	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 21001 VAN BORN ROAD TAYLOR, MI 48180	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ABRAMS, ALLAN</b> 271 MAYHILL STREET SADDLE BROOK, NJ 07662 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVTS</b> <b>ROSOWSKI, ROBERT B</b> 21001 VAN BORN ROAD TAYLOR, MI 481801340 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVS</b> <b>GARGARO, EUGENE A JR</b> 21001 VAN BORN ROAD TAYLOR, MI 48180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LEEKLEY, JOHN R</b> 21001 VAN BORN ROAD TAYLOR, MI 48180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>DORAN, DAVID A</b> 21001 VAN BORN ROAD TAYLOR, MI 48180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VAS</b> <b>WADHAMS, TIMOTHY</b> 21001 VAN BORN ROAD TAYLOR, MI 48180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b> 		<b>David A. Doran, VP</b> 4/21/04 313/274-7400	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	