
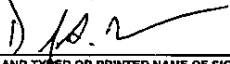


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90199 006 \*\*\*150.00

<b>DOCUMENT # 850685</b>					
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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 22-1818358	
Applied For		Not Applicable			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ABRAMS, ALLAN		NAME		
STREET ADDRESS	271 MAYHILL STREET		STREET ADDRESS		
CITY-ST-ZIP	SADDLE BROOK, NJ 07662		CITY-ST-ZIP		
TITLE	DVTS	<input type="checkbox"/> Delete	TITLE	D-V-T-AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSOWSKI, ROBERT B		NAME		
STREET ADDRESS	21001 VAN BORN ROAD		STREET ADDRESS		
CITY-ST-ZIP	TAYLOR, MI 481801340		CITY-ST-ZIP		
TITLE	DVS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARGARO, EUGENE A JR		NAME		
STREET ADDRESS	21001 VAN BORN ROAD		STREET ADDRESS		
CITY-ST-ZIP	TAYLOR, MI 48180		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEEKLEY, JOHN R		NAME		
STREET ADDRESS	21001 VAN BORN ROAD		STREET ADDRESS		
CITY-ST-ZIP	TAYLOR, MI 48180		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORAN, DAVID A		NAME		
STREET ADDRESS	21001 VAN BORN ROAD		STREET ADDRESS		
CITY-ST-ZIP	TAYLOR, MI 48180		CITY-ST-ZIP		
TITLE	VAS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WADHAMS, TIMOTHY		NAME		
STREET ADDRESS	21001 VAN BORN ROAD		STREET ADDRESS		
CITY-ST-ZIP	TAYLOR, MI 48180		CITY-ST-ZIP		
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: 		David A. Boran		2/16/05 313/274-7400	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	