

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000002017

Entity Name: ARROW CAPITAL SOLUTIONS, INC.**Current Principal Place of Business:**9201 E. DRY CREEK RD
CENTENNIAL, CO 80112**Current Mailing Address:**9201 E. DRY CREEK RD
CENTENNIAL, CO 80112 US**FEI Number:** 46-0750559**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**URS AGENTS, LLC
3458 LAKESHORE DRIVE
TALLAHASSEE, FL 32312 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title PRESIDENT, DIRECTOR
Name GOLDBERG, HOWARD
Address 9201 E DRY CREEK ROAD
City-State-Zip: CENTENNIAL CO 80112

Title VP
Name CASALE, MICHAEL
Address 9201 E DRY CREEK ROAD
City-State-Zip: CENTENNIAL CO 80112

Title TREASURER
Name DAKIN, WILLIAM
Address 9201 E DRY CREEK ROAD
City-State-Zip: CENTENNIAL CO 80112

Title CFO, DIRECTOR
Name STANSBURY, CHRISTOPHER
Address 9201 E DRY CREEK ROAD
City-State-Zip: CENTENNIAL CO 80112

Title SECRETARY, VP, DIRECTOR
Name TARPINIAN, GREGORY P.
Address 9201 E DRY CREEK ROAD
City-State-Zip: CENTENNIAL CO 80112

Title ASST. SECRETARY
Name HILLERY, MARTIN
Address 9201 E DRY CREEK ROAD
City-State-Zip: CENTENNIAL CO 80112

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL CASALE

VP

04/26/2018

Electronic Signature of Signing Officer/Director Detail_____
Date