2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 04, 2005 8:00 am Secretary of State

Principal Place of Bushness So MANCUS DR MEUNILE, NY 11747 US	DOCUMENT # P14940 1. Entity Name GATES/ARROW DISTRIBUTING, INC.						04-04-2005 90055 009 ***158.75				
Suite Apt 1 e etc.	39 PELHAM	RIDGE-DR.	50 MARCUS DR	US			Í MBH BIBIB 1811 BEBL BB		8184 BIBII BIBI	1 7 S E II 1 6 E I	
Suito, Apt. 4, etc.	- 										
11-2860574	Suite, Apt.	· · · · · · · · · · · · · · · · · · ·	Suite, Apt. #, etc.			03172005	Chg-P	CR2E03	4 (10/03)		
Country Coun			City & State					_ 			
THE PRENTICE HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)		· · · · · · · · · · · · · · · · · · ·	Zip Countr		у	·				\$8.75 Additional	
THE PRENTICE HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301 City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITE VPAS BRODY, WAYNE SIRET ADDRESS OWN-ST-2P MELVILLE, NY 11747 DYOG GIVEST-2P MELVILLE, NY 11747 Deede TITLE DYOG GIVEST-2P MELVILLE, NY 11747 Deede TITLE DRAWE SIRET ADDRESS SIRET ADDR		6. Name and Address of Current	Registered Agent			7. Name and	Address of New R		<u>.</u>	-	
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)		•			Name						
### Addition TALLAHASSEE, FL 32301 City FL Zip Code	1201 HAYS STREET				Street Address (P.O. Box Number is Not Acceptable)						
B. The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE Signature, hoselor printed name of registered agent and life it application. (NOTE Registered agent or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE Registered Agent signature required when retrolating) (NOTE Registered Agent signature required when retrolating to the resistance of the page and addition of the page and addition and a											
The obligations of registered agent. SIGNATURE Signature Sig					City			FL	Zip Code	9	
Signature, speed or printed name of segistered agent and their ill applicable (MOTE, Registered Agent signature, required when reinstating) DATE											
### FILE NOWIII FEE IS \$150.00 ### S550.00	SIGNATURE										
### Added to Fees 10.	Signature, typed or printed name of registered agent and title II applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
TITLE	LITE MOMM LEE 19 3 130.00								٠		
NAME STREET ADDRESS CITY-ST-ZIP TITLE DS-VP MELVILLE, NY 11747 TITLE DP MCLUS DR MC	10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND I	DIRECTORS	5 IN 11	
STREET ADDRESS CITY-ST-ZIP MELVILLE, NY 11747 ITILE DSVP BROWN, PETER S STREET ADDRESS CITY-ST-ZIP ITILE DVCO REILLY, PAUL J STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE T REST ADDRESS CITY-ST-ZIP MELVILLE, NY 11747 Delete NAME STREET ADDRESS CITY-ST-ZIP ITILE T NAME STREET ADDRESS CITY-ST-ZIP MELVILLE, NY 11747 Delete NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP MELVILLE, NY 11747 Delete NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP MELVILLE, NY 11747 Delete NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP MELVILLE, NY 11747 Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP MELVILLE, NY 11747 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP MELVILLE, NY 11747 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP MELVILLE, NY 11747 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP MELVILLE, NY 11747 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP MELVILLE, NY 11747 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP MELVILLE, NY 11747	TITLE		☐ Delete	TITLE					☐ Change	Addition	
CITY-ST-ZIP MELVILLE, NY 11747											
TITLE											
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET		·		-	SI-ZIP	· · · · · · · · · · · · · · · · · · ·			_		
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADD			☐ Delete						Change	☐ Addition	
CITY-ST-ZIP		•			I						
NAME STREET ADDRESS CITY-ST-ZIP TITLE DP MICHAEL J. LONG STREET ADDRESS CITY-ST-ZIP MELVILLE, NY 11747 Delete TITLE NAME MICHAEL J. LONG STREET ADDRESS CITY-ST-ZIP TITLE T NAME BIRNS, IRA M STREET ADDRESS CITY-ST-ZIP TITLE V NAME STREET ADDRESS CITY-ST-ZIP TITLE V NAME STREET ADDRESS CITY-ST-ZIP TITLE V Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE V Delete STREET ADDRESS CITY-ST-ZIP TITLE V STREET ADDRESS CITY-ST-ZIP TITLE V STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP MELVILLE, NY 11747 STREET ADDRESS CITY-ST-ZIP MELVILLE, NY 11747 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP MELVILLE, NY 11747											
CITY-ST-ZIP MELVILLE, NY 11747 CITY-ST-ZIP MICHAEL J. LONG STREET ADDRESS CITY-ST-ZIP MELVILLE, NY 11747 TITLE T NAME BIRNS, IRA M STREET ADDRESS CITY-ST-ZIP MELVILLE, NY 11747 TITLE V CASALE, MICHAEL M STREET ADDRESS CITY-ST-ZIP MELVILLE, NY 11747 CITY-ST-ZIP TITLE T Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE V CASALE, MICHAEL M STREET ADDRESS CITY-ST-ZIP MELVILLE, NY 11747	- 		Delete						Change	Addition	
TITLE DP Delete TITLE Change Addition NAME MICHAEL J. LONG NAME STREET ADDRESS SO MARCUS DR CITY-ST-ZIP TITLE T Delete TITLE Change Addition NAME BIRNS, IRA M STREET ADDRESS CITY-ST-ZIP MELVILLE, NY 11747 CITY-ST-ZIP TITLE V Delete TITLE Change Addition NAME CASALE, MICHAEL M NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MELVILLE, NY 11747 CITY-ST-ZIP					II						
NAME STREET ADDRESS CITY-ST-ZIP MELVILLE, NY 11747 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE V CASALE, MICHAEL M STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP MELVILLE, NY 11747 STREET ADDRESS CITY-ST-ZIP MELVILLE, NY 11747 TITLE NAME STREET ADDRESS CITY-ST-ZIP MELVILLE, NY 11747				CITY-5	ST- ZIP					•	
STREET ADDRESS CITY-ST-ZIP TITLE T TITLE T TITLE V CASALE, MICHAEL M STREET ADDRESS CITY-ST-ZIP TITLE V CASALE, MICHAEL M STREET ADDRESS CITY-ST-ZIP MELVILLE, NY 11747 STREET ADDRESS CITY-ST-ZIP TITLE V CASALE, MICHAEL M STREET ADDRESS CITY-ST-ZIP MELVILLE, NY 11747 STREET ADDRESS CITY-ST-ZIP TITLE V CASALE, MICHAEL M STREET ADDRESS CITY-ST-ZIP MELVILLE, NY 11747 STREET ADDRESS CITY-ST-ZIP MELVILLE, NY 11747 STREET ADDRESS CITY-ST-ZIP MELVILLE, NY 11747 CITY-ST-ZIP MELVILLE, NY 11747		- '	☐ Delete						☐ Change	☐ Addition	
CITY-ST-ZIP MELVILLE, NY 11747 CITY-ST-ZIP TITLE T Delete NAME BIRNS, IRA M STREET ADDRESS CITY-ST-ZIP MELVILLE, NY 11747 TITLE V CASALE, MICHAEL M STREET ADDRESS CITY-ST-ZIP MELVILLE, NY 11747				4	- 1						
NAME BIRNS, IRA M NAME STREET ADDRESS 50 MARCUS DR STREET ADDRESS CITY-ST-ZIP MELVILLE, NY 11747 CITY-ST-ZIP TITLE V Delete TITLE NAME CASALE, MICHAEL M NAME STREET ADDRESS 50 MARCUS DR STREET ADDRESS CITY-ST-ZIP MELVILLE, NY 11747 CITY-ST-ZIP					1						
NAME BIRNS, IRA M NAME STREET ADDRESS 50 MARCUS DR STREET ADDRESS CITY-ST-ZIP MELVILLE, NY 11747 CITY-ST-ZIP TITLE V Delete TITLE NAME CASALE, MICHAEL M NAME STREET ADDRESS 50 MARCUS DR STREET ADDRESS CITY-ST-ZIP MELVILLE, NY 11747 CITY-ST-ZIP	TITLE		☐ Delete	TITLE		•••			☐ Change	☐ Addition	
CITY-ST-ZIP MELVILLE, NY 11747 CITY-ST-ZIP TITLE V Delete TITLE Change Addition NAME CASALE, MICHAEL M NAME STREET ADDRESS STREET ADDRESS					1 -						
TITLE						±*				<u>.</u>	
NAME CASALE, MICHAEL M STREET ADDRESS CITY-ST-ZIP MELVILLE, NY 11747 NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME	}	· .	☐ Nelete	-		ं			Change	Addition	
CITY-ST-ZIP MELVILLE, NY 11747 CITY-ST-ZIP	•	CASALE, MICHAEL M	, Doloto 4		,				Griange		
	li .		The second of the second of the second of		1.2				· ·	•	
			- (1) - (P)				· ·			• • •	

12. The eby care information supplies with this limit does not qualify for the exemptor stated in Section 13.0 (2016), Fording statutes. Turnier 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: MM Code Michael M. Casale 3/30/5 131-847-200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR VP-Taxation

Date Daylime Phone #

ATTACHMENT

H0044998 # P14940

GATES/ARROW DISTRIBUTING, INC. EIN: 11-2860574 2005

OFFICERS OF	CORP	ORATION
-------------	------	---------

Michael J. Long President & COO

Peter S. Brown SVP & Secretary

Paul J. Reilly
Vice President & Chief Financial
Officer

Michael M. Casale Vice President

Wayne Brody VP & Assistant Secretary

Ira M. Birns Treasurer

Gregory Tarpinian
VP & General Counsel

BUSINESS ADDRESS

7459 South Lima Street Englewood, CO 80112-3879

50 Marcus Drive Melville, NY 11747

ATTACHMENT

GATES/ARROW DISTRIBUTING, INC

EIN: 11-2860574 2005

DIRECTORS OF CORPORATION

BUSINESS ADDRESS

Michael J. Long

Director

7459 South Lima Street Englewood, CO 80112-3879

Peter S. Brown Director **50 Marcus Drive** Melville, NY 11747

Paul J. Reilly Director

50 Marcus Drive Melville, NY 11747