


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90069 030 ***158.75

DOCUMENT # P14940 1. Entity Name GATES/ARROW DISTRIBUTING, INC.	
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Principal Place of Business 50 MARCUS DRIVE MELVILLE, NY 11747	Mailing Address 50 MARCUS DR MELVILLE, NY 11747 US
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DO NOT WRITE IN THIS SPACE



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number 11-2860574	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS BRODY, WAYNE 50 MARCUS DR MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP BROWN, PETER S 50 MARCUS DR. ISLANDIA, NY 11749
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVCO REILLY, PAUL J 50 MARCUS DR MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MICHAEL J. LONG 50 MARCUS DR MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BIRNS, IRA M 50 MARCUS DR MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CASALE, MICHAEL M 50 MARCUS DR MELVILLE, NY 11747

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *M. M. Casale* V.P. Taxation 2/9/06 631-847-5319
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
40019345
#P14940

GATES/ARROW DISTRIBUTING, INC.

EIN: 11-2860574

2006

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