

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P14940** (1)

1. Corporation Name

**GATES/ARROW DISTRIBUTING, INC.**



Principal Place of Business: **39 PELHAM RIDGE DR. GREENVILLE SC 29615**  
Mailing Address: **25 HUB DRIVE ATTN: TAX DEPT. MELVILLE NY 11747 US**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for additional entities.

3. Date Incorporated or Qualified: **06/23/1987**  
3a. Date of Last Report: **04/28/1995**  
4. FEI Number: **11-2860574**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**THE PRENTICE HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent (81-85)

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	KAUFMAN, STEPHEN P	
STREET ADDRESS	25 HUB DRIVE	
CITY-ST-ZIP	MELVILLE NY	
TITLE	VTSD	<input type="checkbox"/> DELETE
NAME	KLATELL, ROBERT E.	
STREET ADDRESS	25 HUB DRIVE	
CITY-ST-ZIP	MELVILLE NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LUMPKIN, JERRY A	
STREET ADDRESS	39 PELHAM RIDGE DRIVE	
CITY-ST-ZIP	GREENVILLE SC	
TITLE	V	<input type="checkbox"/> DELETE
NAME	NICHOLSON, LEE	
STREET ADDRESS	39 PELHAM RIDGE DRIVE	
CITY-ST-ZIP	GREENVILLE SC	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ELLET, PHILIP	
STREET ADDRESS	39 PALHAM RIDGE DRIVE	
CITY-ST-ZIP	GREENVILLE SC	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FERRI, VINCENT J.	
STREET ADDRESS	25 HUB DRIVE	
CITY-ST-ZIP	MELVILLE NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *Vincent J. Ferri* Vincent J. Ferri 1/24/96 (516) 391-1444  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)