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Feb 06 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P14940 (1)**

1. Corporation Name  
**GATES/ARROW DISTRIBUTING, INC.**



Principal Place of Business <b>39 PELHAM RIDGE DR. GREENVILLE SC 29615</b>	Mailing Address <b>25 HUB DRIVE ATTN: TAX DEPT. MELVILLE NY 11747-3503 US</b>
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3. Date Incorporated or Qualified <b>06/23/1987</b>	3a. Date of Last Report <b>01/31/1996</b>
4. FEI Number <b>11-2860574</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

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 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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

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 checked="" type="checkbox"/> DELETE
NAME	LUMPKIN, JERRY A	
STREET ADDRESS	39 PELHAM RIDGE DRIVE	
CITY-ST-ZIP	GREENVILLE SC	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	NICHOLSON, LEE	
STREET ADDRESS	39 PELHAM RIDGE DRIVE	
CITY-ST-ZIP	GREENVILLE SC	
TITLE	P	<input checked="" 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	Director Only	<input checked="" 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	Chairman of the Board & CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Lawrence R. Kern	
3.3 STREET ADDRESS	25 Hub Drive	
3.4 CITY-ST-ZIP	Melville, NY 11747	
4.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Michael J. Long	
4.3 STREET ADDRESS	25 Hub Drive	
4.4 CITY-ST-ZIP	Melville, NY 11747	
5.1 TITLE	Assistant Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Ira H. Birns	
5.3 STREET ADDRESS	25 Hub Drive	
5.4 CITY-ST-ZIP	Melville, NY 11747	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address.

SIGNATURE: *Vincent J. Ferri* Vincent J. Ferri, Vice Pres., Tax 1/29/97 (516) 391-1509  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

**GATES/ARROW DISTRIBUTING, INC.**

**(E.I.N.: 11-2860574)  
1996**

**DIRECTORS OF CORPORATION**

**BUSINESS ADDRESS**

**Stephen P. Kaufman**

**25 Hub Drive  
Melville, NY 11747**

**Robert E. Klatell**

**25 Hub Drive  
Melville, NY 11747**

**John C. Waddell**

**25 Hub Drive  
Melville, NY 11747**

**GATES/ARROW DISTRIBUTING, INC.**

**(E.I.N.: 11-2860574)  
1996**

**OFFICERS OF CORPORATION**

**BUSINESS ADDRESS**

**Lawrence R. Kem  
Chairman of the Board & CEO**

**25 Hub Drive  
Melville, NY 11747**

**Michael J. Long  
President**

**25 Hub Drive  
Melville, NY 11747**

**Robert E. Klatell  
Vice President,  
Treasurer and Secretary**

**25 Hub Drive  
Melville, NY 11747**

**Ira M. Birns  
Assistant Treasurer**

**25 Hub Drive  
Melville, NY 11747**

**Wayne Brody  
General Counsel &  
Assistant Secretary**

**25 Hub Drive  
Melville, NY 11747**

**Vincent J. Ferri  
Vice President**

**25 Hub Drive  
Melville, NY 11747**