

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 12, 1999 8:00 am
Secretary of State

05-12-1999 90008 019 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P14940

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 06/23/1987	
4. FEI Number 11-2860574	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> 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 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	D	<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	C	<input type="checkbox"/> DELETE
NAME	LAWRENCE R. KEM	
STREET ADDRESS	25 HUB DR.	
CITY-ST-ZIP	MELVILLE NY	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MICHAEL J. LONG	
STREET ADDRESS	25 HUB DR.	
CITY-ST-ZIP	MELVILLE NY	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	IRA M. BIRNS	
STREET ADDRESS	25 HUB DR.	
CITY-ST-ZIP	MELVILLE NY	
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 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, with all other like empowered.

SIGNATURE: VINCENT J. FERRI DATE: 4/28/99 DAYTIME PHONE #: (516) 391-1509

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GATES/ARROW DISTRIBUTING, INC.

**EIN: 11-2860574
1999**

OFFICERS OF CORPORATION

BUSINESS ADDRESS

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

**39 Pelham Ridge Drive
Greenville, SC 29615**

**Michael J. Long
President**

**39 Pelham Ridge Drive
Greenville, SC 29615**

**Robert E. Klatell
Vice President & Secretary**

**25 Hub Drive
Melville, NY 11747**

**Vincent J. Ferri
Vice President**

**25 Hub Drive
Melville, NY 11747**

**David J. Logelin
Vice President**

**18750 Lake Drive East
Chanhassen, MN 55317**

**Dennis Maetzold
Vice President**

**18750 Lake Drive East
Chanhassen, MN 55317**

**Ira M. Birns
Assistant Treasurer**

**25 Hub Drive
Melville, NY 11747**

**Wayne Brody
Assistant Secretary**

**25 Hub Drive
Melville, NY 11747**

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GATES/ARROW DISTRIBUTING, INC.

**EIN: 11-2860574
1999**

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**