

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90158 032 \*\*\*158.75

UBR/43 AI

**DOCUMENT # P14940**

1. Entity 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

3. Mailing Address  
**50 MARCUS DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State  
**MELVILLE, NY**

4. FEI Number **11-2860574**

Applied For

Not Applicable

Zip

Country

Zip **11747**

Country **U.S.A.**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KAUFMAN, STEPHEN P</b> <b>25 HUB DRIVE</b> <b>MELVILLE NY</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD</b> <b>KLATELL, ROBERT E.</b> <b>25 HUB DRIVE</b> <b>MELVILLE NY 11747</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WADDELL, JOHN C</b> <b>25 HUB DR.</b> <b>MELVILLE NY 11747</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MICHAEL J. LONG</b> <b>25 HUB DR.</b> <b>MELVILLE NY</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BIRNS, IRA M</b> <b>25 HUB DR.</b> <b>MELVILLE NY 11747</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>CASALE, MICHAEL M</b> <b>25 HUB DRIVE</b> <b>MELVILLE NY 11747</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP &amp; Asst. Sec.</b> <b>Wayne Brody</b> <b>50 MARCUS DRIVE, MELVILLE, NY 11747</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR/VP &amp; SECRETARY</b> <b>ROBERT E. KLATELL</b> <b>50 MARCUS DRIVE, MELVILLE, NY 11747</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR/VP &amp; CFO</b> <b>PAUL J. REILLY</b> <b>50 MARCUS DRIVE, MELVILLE, NY 11747</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR/PRESIDENT</b> <b>MICHAEL J. LONG</b> <b>50 MARCUS DRIVE, MELVILLE, NY 11747</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> <b>IRA M. BIRNS</b> <b>50 MARCUS DRIVE, MELVILLE, NY 11747</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>MICHAEL M. CASALE</b> <b>50 MARCUS DRIVE, MELVILLE, NY 11747</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: SIG. Michael M. Casale  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/7/03  
Date Daytime Phone #

CR2E034 (10/02)