



2520005098707

ARROW ELECTRONICS, INC.
25 HUB DRIVE
MELVILLE, NY 11747
516/391/1300

September 28, 1992

U.S. Department of Labor
Pension and Welfare Benefits Administration
P.O. Box 75212
Washington, D.C. 20013-5212

RE: Statement Under Reg.
2520.104-23

Dear Sir or Madam:

We hereby file the following reporting and disclosure information pursuant to Department of Labor Regulation section 2520.104-23:

1. Employer's name and address:
Arrow Electronics, Inc.
25 Hub Drive
Melville, New York 11747
2. Employer identification number: 11-1806155
3. Arrow Electronics, Inc. hereby declares that it maintains a plan or plans primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.
4. The number of such plans is one.
5. The number of employees in such plan is 11.

In addition, attached is a check for \$1,000.00 payable to the U.S. Department of Labor in payment of a civil penalty assessed for failure to file this statement when it may have been first required.

If further information is needed, please contact the undersigned.

Sincerely,


Vincent J. Ferri
Vice President, Tax

6462

/cls
Attachment

J

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PACKAGE TRACKING NUMBER

4003744444

QUESTIONS? CALL 800-238-3655 TOLL FREE

4083913422

2073K

RECIPIENT'S COPY

From (Your Name) Please Print: **ARMOR ELECTRONICS INC**
 Company: **ARMOR ELECTRONICS INC**
 Street Address: **25 MUB DR**
 City: **MELVILLE** State: **NY** ZIP Required: **11747**

Your Phone Number (Very Important): **609-392-1200**
 Department/Floor No.: **2**

To (Recipient's Name) Please Print: **US NDA II MILITARY MEDIA FILMS**
 Company: **US NDA II MILITARY MEDIA FILMS**
 Exact Street Address (We Cannot Deliver to P.O. Boxes or P.O. Zip Codes): **400 Constitution Ave**
 City: **Washington, DC** State: **DC** ZIP Required: **20540**

Recipient's Phone Number (Very Important): **609 392 1200**
 Department/Floor No.: **2**

IF HOLD FOR PICK-UP, Print FEDEX Address Here

YOUR INTERNAL BILLING REFERENCE INFORMATION (optional) (First 24 characters will appear on invoice.)

3 **PAYMENT** Bill Sender Bill Recipient's FedEx Acct. No. Bill 3rd Party FedEx Acct. No. Bill Credit Card

4 **SERVICES (Check only one box)**

Priority Overnight (Delivery by next business morning) 11 <input type="checkbox"/> YOUR PACKAGING 16 <input checked="" type="checkbox"/> FEDEX LETTER 12 <input type="checkbox"/> FEDEX PAK 13 <input type="checkbox"/> FEDEX BOX 14 <input type="checkbox"/> FEDEX TUBE	Standard Overnight (Delivery by next business afternoon) 51 <input type="checkbox"/> YOUR PACKAGING 56 <input type="checkbox"/> FEDEX LETTER 52 <input type="checkbox"/> FEDEX PAK 53 <input type="checkbox"/> FEDEX BOX 54 <input type="checkbox"/> FEDEX TUBE	Economy Two-Day (Delivery by second business day) 30 <input type="checkbox"/> ECONOMY	Government Overnight (Restricted to authorized users only) 46 <input type="checkbox"/> GOVT LETTER 41 <input type="checkbox"/> GOVT PACKAGE	Freight Service (No Extra Large or any package over 100 lbs) 70 <input type="checkbox"/> OVERNIGHT 80 <input type="checkbox"/> TWO-DAY FREIGHT 88 <input type="checkbox"/> FREIGHT
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5 **DELIVERY AND SPECIAL HANDLING (Check services required)**

1 <input type="checkbox"/> HOLD FOR PICK-UP (if in Box #1)	2 <input checked="" type="checkbox"/> DELIVER WEEKDAY
3 <input type="checkbox"/> DELIVER SATURDAY (Extra charge)	4 <input type="checkbox"/> DANGEROUS GOODS (Extra charge)
5 <input type="checkbox"/> DRY ICE	6 <input type="checkbox"/> OTHER SPECIAL SERVICE
7 <input type="checkbox"/> SATURDAY PICK-UP (Extra charge)	8 <input type="checkbox"/> HOLIDAY DELIVERY (if ordered) (Extra charge)

6 **WEIGHT AND DIMENSIONS**

WEIGHT: Pounds Kilograms Ounces

INCHES: Length Width Height

TOTAL: Pounds Kilograms

7 **YOUR ORDER VALUE**

Received At: Regular Stop Drop Box B.S.C.

2 On-Call Stop 5 Station

8 **RECEIVED BY**

Received By: **X**

Date/Time Received: **7/27 / 1999**

9 **RELEASE SIGNATURE**

Release Signature: **[Signature]** Date/Time: **7/27 / 1999**

10 **FEDEx EMPLOYEE NUMBER**

FedEx Employee Number: **099**

11 **FEDEx EMPLOYEE NUMBER**

FedEx Employee Number: **099**

12 **REVISION DATE 6/91**

PART #137204-K-CREC 19
 FORMAT #099
 1990-91 F.E.C. PRINTED IN U.S.A.