

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 # **838844** (9)

1. Corporation Name
ACE HARDWARE CORPORATION (DELAWARE)



Principal Place of Business: **2200 KENSINGTON COURT OAK BROOK IL 60521**
Mailing Address: **2200 KENSINGTON COURT OAK BROOK IL 60521**

3. Date Incorporated or Qualified: **07/28/1977**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **36-0700810**
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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 **FL**

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

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

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|--|
| TITLE | CEO | <input checked="" type="checkbox"/> DELETE |
| NAME | PETERSON, ROGER | |
| STREET ADDRESS | 2200 KENSINGTON CT | |
| CITY-ST-ZIP | OAK BROOK IL | |
| TITLE | PCOO | <input checked="" type="checkbox"/> DELETE |
| NAME | HODNIK, DAVID F. | |
| STREET ADDRESS | 2200 KENSINGTON CT | |
| CITY-ST-ZIP | OAK BROOK, IL 0 | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | INGEVALDSON, PAUL M. | |
| STREET ADDRESS | 2200 KENSINGTON CT | |
| CITY-ST-ZIP | OAK BROOK, IL 0 | |
| TITLE | SVP | <input type="checkbox"/> DELETE |
| NAME | LOFTUS, WILLIAM A. | |
| STREET ADDRESS | 2200 KENSINGTON CT | |
| CITY-ST-ZIP | OAK BROOK, IL 0 | |
| TITLE | VPM | <input type="checkbox"/> DELETE |
| NAME | BODZEWSKI, MICHAEL C. | |
| STREET ADDRESS | 2200 KENSINGTON CT | |
| CITY-ST-ZIP | OAK BROOK IL | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | LEAGUE, DAVID W. | |
| STREET ADDRESS | 2200 KENSINGTON CT | |
| CITY-ST-ZIP | OAK BROOK IL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|------------------------|--|
| 1.1 TITLE | President & CEO | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Hodnik, David F. | |
| 1.3 STREET ADDRESS | 2200 Kensington Ct. | |
| 1.4 CITY-ST-ZIP | Oak Brook, IL 60521 | |
| 2.1 TITLE | Vice President-Finance | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Kahle, Rita D. | |
| 2.3 STREET ADDRESS | 2200 Kensington Ct. | |
| 2.4 CITY-ST-ZIP | Oak Brook, IL 60521 | |
| 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 on an attachment with an address.

SIGNATURE: *Rita D. Kahle* Rita D. Kahle

4/26/96 708/990-6596
Date Daytime Phone #

CR2E034 (12/95)