

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 19, 2002 8:00 am
Secretary of State

08-19-2002 90149 020 ***550.00

DOCUMENT # F01000000777

1. Entity Name
UNIONTOOLS, INC.

Principal Place of Business
**390 WEST NATIONWIDE BOULEVARD
 COLUMBUS OH 43215**

Mailing Address
**390 WEST NATIONWIDE BOULEVARD
 COLUMBUS OH 43215**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **22-3269898**

Applied For
 Not Applicable

Zip Country

Zip Country

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

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

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

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$550.00
 After September 13, 2002 Fee will be \$750.00
 Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	MEYER, A. CORYDON	
STREET ADDRESS	390 WEST NATIONWIDE BOULEVARD	
CITY-ST-ZIP	COLUMBUS OH 43215	
TITLE	DST	<input type="checkbox"/> Delete
NAME	JACOB, JOHN G	
STREET ADDRESS	390 WEST NATIONWIDE BOULEVARD	
CITY-ST-ZIP	COLUMBUS OH 43215	
TITLE	DV	<input type="checkbox"/> Delete
NAME	ZIMMERMAN, GARY	
STREET ADDRESS	390 WEST NATIONWIDE BOULEVARD	
CITY-ST-ZIP	COLUMBUS OH 43215	
TITLE	O	<input type="checkbox"/> Delete
NAME	LASCALA, CAROL	
STREET ADDRESS	390 WEST NATIONWIDE BOULEVARD	
CITY-ST-ZIP	COLUMBUS OH 43215	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (4/02)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John G. Jacob* **SIGNATURE REQUIRED** **John G. Jacob, CFO/UP 8/07/02 (614) 222-4478**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #