

FILED
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Secretary of State

04-30-2004 90389 015 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F0100000777
 1. Entity Name
UNIONTOOLS, INC.



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

66425164



04232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **22-3269898** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MEYER, A. CORYDON 390 WEST NATIONWIDE BOULEVARD COLUMBUS, OH 43215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST JACOB, JOHN G 390 WEST NATIONWIDE BOULEVARD COLUMBUS, OH 43215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ZIMMERMAN, GARY 390 WEST NATIONWIDE BOULEVARD COLUMBUS, OH 43215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O LASCALA, CAROL 390 WEST NATIONWIDE BOULEVARD COLUMBUS, OH 43215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(X), 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: Anthony Romaker Date: 5/25/04 Daytime Phone #: (614) 222-4405