


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90502 050 ***150.00

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**

20054001



04262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3269898	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

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

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)(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:  **4/27/05** **614-222-4405**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #