

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90640 018 ***150.00

DOCUMENT # **F94 000000 754**

1. Entity Name
Fastenal Company

Principal Place of Business Mailing Address
2001 Theurer Blvd. P.O. Box 978
Winona MN 55987 Winona MN 55987

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number **41-0948415** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
NANCE, KEN
2714 W. SILVER SPRGS BLVD
Ocala FL 34475

7. Name and Address of New Registered Agent
 Name **BRIAN GRIMM**
 Street Address (P.O. Box Number is Not Acceptable) **2714 W. SILVER SPRINGS BLVD**
 City **Ocala** FL Zip Code **34475**

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.

SIGNATURE  DATE **4-24-01**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
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 <input type="checkbox"/> Delete	D Gostomski, Mike 534 Ronald Ave. Winona MN 55987	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D Reyne Wisecup 2001 Theurer Blvd. Winona MN 55987
TITLE <input type="checkbox"/> Delete	D Remick Jack 3232 Fox Hollow Ct. Rochester MN 55902	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D Michael Dolan 2001 Theurer Blvd Winona MN 55987
TITLE <input type="checkbox"/> Delete	D McConnon Henry 1350 Greenwood Circle State College PA	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete	PD Kierlin, Robert Rt 1 Winona MN 55987	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete	SD Slaggie Stephen 219 Wabasha Winona MN 55987	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete	T Florness Dan 461 Glenview Dr. Winona MN 55987	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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:  CORPORATE TREASURER DATE **4-23-01** (507) 453-8297
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)