

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

Pg 1033

|  |   |  |
|--|---|--|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1996</b> |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

**DOCUMENT # F95000006329 (5)**  
 1. Corporation Name  
**SNAP-ON TOOLS COMPANY**



|   |  |
|---|--|
| Principal Place of Business<br><b>2801 80TH ST<br/>                 KENOSHA WI 53141-1410</b> | Mailing Address<br><b>PO BOX 1410<br/>                 KENOSHA WI 53141-1410</b> |
|---|--|

|  |                                       |
|--|---------------------------------------|
| 3. Date Incorporated or Qualified<br><b>12/29/1995</b>   | 3a. Date of Last Report               |
| 4. FEI Number<br><b>58-2069671</b>   | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b> |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>    |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21                             | 26                  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| 22                             | 27                  |
| City & State                   | City & State        |
| 23                             | 28                  |
| Zip                            | Zip                 |
| 24                             | 29                  |
| Country                        | Country             |
| 25                             | 30                  |

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   |
| FL | 85 Zip Code  |

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

12. OFFICERS AND DIRECTORS

|       |                            |                         |                              |                                 |
|-------|----------------------------|-------------------------|------------------------------|---------------------------------|
| TITLE | NAME                       | STREET ADDRESS          | CITY - ST - ZIP              | <input type="checkbox"/> DELETE |
|       | <b>DP ELLIOTT, DALE F</b>  | <b>2801 80TH ST</b>     | <b>KENOSHA WI 53141-1410</b> |                                 |
|       | <b>S MARRINAN, SUSAN F</b> | <b>2801 80TH ST</b>     | <b>KENOSHA WI 53141-1410</b> |                                 |
|       | <b>T HERMAN, TIMM R</b>    | <b>6969 LAMESSON RD</b> | <b>COLUMBUS GA 31909</b>     |                                 |
|       |                            |                         |                              | <input type="checkbox"/> DELETE |
|       |                            |                         |                              | <input type="checkbox"/> DELETE |
|       |                            |                         |                              | <input type="checkbox"/> DELETE |
|       |                            |                         |                              | <input type="checkbox"/> DELETE |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |   |
|---------------------|---|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |   |
| 1.3 STREET ADDRESS  |   |
| 1.4 CITY - ST - ZIP |   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |   |
| 2.3 STREET ADDRESS  |   |
| 2.4 CITY - ST - ZIP |   |
| 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 |   |

**SCHEDULE ATTACHED**

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: *[Signature]* **4/26/96** **(414)656-5200**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Denis J. Lovejoy** Date Daytime Phone #

CR2E034 (12/95)

***Snap-on Incorporated***

**OFFICERS - SNAP-ON TOOLS COMPANY**

**Robert A. Cornog  
President**

**Denis J. Loverine  
Treasurer**

**Donald S. Huml  
Chief Financial Officer**

**Susan F. Marrinan  
Secretary**

***Snap-on Incorporated***

**DIRECTORS - SNAP-ON TOOLS COMPANY**

**Robert A. Cornog**  
Snap-on Incorporated  
10801 Corporate Drive  
Kenosha, WI 53141-1430

**Arthur L. Kelly**  
KEL Enterprises Ltd.  
135 S. LaSalle Street, Suite 1117  
Chicago, IL 60603

**Donald W. Brinkman**  
Safety-Kleen Corp.  
1000 N. Randall Road  
Elgin, IL 60123

**George M. Mead**  
Consolidated Papers  
231 1st Avenue North  
Wisconsin Rapids, WI 54495

**Bruce S. Chelberg**  
Whitman Corporation  
3501 Algonquin Road  
Rolling Meadows, IL 60008

**Edward H. Rensi**  
McDonald's Corp.  
2915 Jorie Blvd.  
Oak Brook, IL 60521

**Roxanne J. Decyk**  
Amoco Chemical Co.  
200 E. Randolph Dr.  
Chicago, IL 60601

**Jay H. Schnabel**  
Snap-on Incorporated  
10801 Corporate Drive  
Kenosha, WI 53141-1430

**Raymond F. Farley**  
S.C. Johnson & Son  
4061 N. Main Street  
Racine, WI 53402