

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 16, 2001 08:00 AM
Secretary of State

DOCUMENT # F95000006329

1. Entity Name
SNAP-ON TOOLS COMPANY

Principal Place of Business 2801 80TH ST KENOSHA WI 531411410	Mailing Address PO BOX 1410 KENOSHA WI 531411410
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 10801 CORPORATE DRIVE Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State PLEASANT PRAIRIE WI	City & State PLEASANT PRAIRIE WI
Zip 531581603	Country

4. FEI Number 58-2069671	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD

 PLANTATION FL 33324 US

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ DATE **04/16/2001**

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. (See criteria on back)

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	
TITLE D	<input type="checkbox"/> Delete
NAME MEAD GEORGE M	
STREET ADDRESS 231 1ST AVE NORTH	
CITY-ST-ZIP WISCONSIN RAPIDS MI	
TITLE D	<input type="checkbox"/> Delete
NAME BERONJA BRANKO M	
STREET ADDRESS 10801 CORPORATE DR	
CITY-ST-ZIP KENOSHA WI	
TITLE CFO	<input type="checkbox"/> Delete
NAME HUML DONALD S	
STREET ADDRESS 10801 CORPORATE DR	
CITY-ST-ZIP KENOSHA WI	
TITLE T	<input type="checkbox"/> Delete
NAME LOVERINE DENIS J	
STREET ADDRESS 10801 CORPORATE DR	
CITY-ST-ZIP KENOSNA WI 53141	
TITLE S	<input type="checkbox"/> Delete
NAME MARRINAN SUSAN F	
STREET ADDRESS 2801 80TH ST	
CITY-ST-ZIP KENOSHA WI 531411410	
TITLE DP	<input type="checkbox"/> Delete
NAME CORNOG ROBERT A	
STREET ADDRESS 2801 80TH ST	
CITY-ST-ZIP KENOSHA WI	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Denis J Loverine T 04/16/2001
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)