2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 25, 2000 8:00 am Secretary of State **DOCUMENT # P01135** 1. Entity Name - ILLINOIS TOOL WORKS INC. 04-25-2000 90026 039 ***150.00 Psincipal Place of Business Mailing Address 3600 WEST LAKE AVENUE 3600 WEST LAKE AVENUE GLENVIEW IL 60025-2811 TAX DEPT. GLENVIEW IL 60025-1215 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 36-1258310 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Х (See criteria on back) Make Check Pavable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CFO Change ☐ Addition ☐ Delete TITLE FARRELL, W. JAMES NAME NAME STREET ADDRESS 3600 W. LAKE AVENUE STREET ADDRESS CITY-ST-ZIP **GLENVIEW IL** CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE STEWART S. HUDNUT NAME NAME 3600 W LAKE AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GLENVIEW IL CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE ROBINSON, MICHAEL J. NAME NAME 3600 W LAKE AVE STREET ADDRESS STREET ADDRESS **GLENVIEW IL** CITY-ST-ZIP CITY-ST-ZIP П Спапое ☐ Addition ☐ Delete TITLE TITLE MCGRATH, ROBERT V NAME NAME 3600 W LAKE AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GLENVIEW IL ☐ Change ☐ Addition TITLE TITLE ☐ Delete WADE, ORMAND J. NAME NAME 30 S. WACKER DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL ☐ Addition ☐ Change TITLE ☐ Delete TITLE SMITH, HAROLD B. NAME NAME 3600 W LAKE AVE STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

GLENVIEW IL

STREET ADDRESS

CITY-ST-ZIP

VICE President.

/12/00

847-724-7500

Daytime Phone #