

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F21000004652

Entity Name: ZORO TOOLS, INC.**Current Principal Place of Business:**909 ASBURY RD.
BUFFALO GROVE, IL 60089**Current Mailing Address:**909 ASBURY RD.
BUFFALO GROVE, IL 60089 US**FEI Number:** 27-3596010**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	VP, D, GC
Name	HOWARD, JOHN L
Address	100 GRAINGER PKWY.
City-State-Zip:	LAKE FOREST IL 60045

Title	PD
Name	WEADICK, KEVIN
Address	909 ASBURY RD.
City-State-Zip:	BUFFALO GROVE IL 60089

Title	VP
Name	THOMSON, LAURIE R
Address	909 ASBURY RD.
City-State-Zip:	BUFFALO GROVE IL 60089

Title	S
Name	MCGEE, J. COLIN
Address	909 ASBURY RD.
City-State-Zip:	BUFFALO GROVE IL 60089

Title	ASSISTANT SECRETARY
Name	CHUN HUGHES , JOANNE
Address	100 GRAINGER PARKWAY
City-State-Zip:	LAKE FOREST IL 60045

Title	DIRECTOR
Name	HOLMAN, IRENE
Address	909 ASBURY RD.
City-State-Zip:	BUFFALO GROVE IL 60089

Title	DIRECTOR, PRESIDENT
Name	WEADICK, KEVIN
Address	909 ASBURY RD.
City-State-Zip:	BUFFALO GROVE IL 60089

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOANNE CHUN HUGHES**ASSISTANT SECRETARY** 04/21/2023_____
Electronic Signature of Signing Officer/Director Detail_____
Date