2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 002906

Entity Name: THE COUNCIL TOOL COMPANY, INC

FILED Apr 25, 2008 Secretary of State

The section for the section of the s				
Current Principal Place of Business:			New Principal Place of Business:	
345 PECAN LANE LAKE WACCAMAW, NC 28450 US				
Current Mailing Address:			New Mailing Address:	
P.O. BOX 165 LAKE WACCAMAW, NC 284500165 US				
FEI Number: 56-0189490 FEI Number Applied For () FEI Number			mber Not Applicable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and				Address of New Registered Agent:
RAX CO 50 N. LAURA STREET STE 3300 JACKSONVILLE, FL 32202 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				
Election Campaign Financing Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	PT () COUNCIL, JOHN 2201 STERLING WILMINGTON, N	PLACE	Title: Name: Address: City-St-Zip:	CH (X) Change () Addition COUNCIL, JOHN M III 2201 STERLING PLACE WILMINGTON, NC 28403
Title: Name: Address: City-St-Zip:	CH () COUNCIL, JOHN LAKE SHORE D LAKE WACCAM	R	Title: Name: Address: City-St-Zip:	VS (X) Change () Addition COUNCIL, VIRGINIA P 822 GREEN SWAMP ROAD N BOLTON, NC 28423
Title: Name: Address: City-St-Zip:	VS () COUNCIL, VIRG LAKE SHORE D LAKE WACCAM	R	Title: Name: Address: City-St-Zip:	D (X) Change () Addition WILSON, IVAN D CREED RIDGE ROAD LAKE WACCAMAW, NC 28450
Title: Name: Address: City-St-Zip:	D () WILSON, IVAN I CREED RIDGE LAKE WACCAM	ROAD	Title: Name: Address: City-St-Zip:	D (X) Change () Addition TERRELL, MICHAEL 4642 WINDFALL ROAD MEDINA, OH 442568705
Title: Name: Address: City-St-Zip:	D () TERRELL, MICH 4642 WINDFALI MEDINA, OH 44	ROAD	Title: Name: Address: City-St-Zip:	D (X) Change () Addition COPPEDGE, T.O. JR 4067 ABINGDON ROAD CHARLOTTE, NC 28211
Title: Name: Address: City-St-Zip:	D (X) COPPEDGE, T.0 4067 ABINGDON CHARLOTTE, NO	N ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOHN M. COUNCIL III CH 04/25/2008