


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 805459
 1. Entity Name
 W.W. GRAINGER INC.



Principal Place of Business 100 GRAINGER PKWY TAX DEPT B3.E40 LAKE FOREST, IL 60045-5201	Mailing Address 100 GRAINGER PKWY TAX DEPT B3.E40 LAKE FOREST, IL 60045-5201
---	---



04192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-1150280	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent
 CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GANTZ, WILBUR H 5215 OLD ORCHARD RD., STE. 910 SKOKIE, IL 60077
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TRUSDELL, LAURENCE M 100 GRAINGER PKWY LAKE FOREST, IL 600455201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANDRINGA, JUDITH E 100 GRAINGER PKWY LAKE FOREST, IL 600455201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, WILLIAM K 100 GRAINGER PARKWAY LAKE FOREST, IL 60045
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB GRAINGER, DAVID W 100 GRAINGER PKWY LAKE FOREST, IL 600455201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOVICH, NEIL S 2621 W. 15TH PLACE CHICAGO, IL 60608

000000556346
 05/17/06-80005-024 1501.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Chris Bellone* Assistant Secretary Date: 4/21/06 Daytime Phone #: 847-535-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR