FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

DOCUMENT # 855938 HILTI LATIN AMERICA LIMITED, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 11, 1999 8:00 am Secretary of State

05-11-1999 90033 030 ***150.00

Principal Place of Business Mailing Address							
5400 S. 122ND		5400 S. 122ND E AVE.					
P.O.8OX 21148 TULSA OK 74121		P.O.BOX 21148 TULSA OK 74121	P.O.BOX 21148 THESA OK 74121		DO NOT WRITE IN THIS SPACE		
TOCON ON 1411	••	TOLON ON THE			3. Date Incorporated or Qualifed		
					03/28/1983		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Apr	olied For
		26	26		73-1100930		Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	-		5. Certificate of Status Desired	\$8.75 A Fee Re	
27			07-0-0-1-				·
City & State		City & State	- '		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	•
23	Country		Country		This corporation owes the current y		o r ees
Zíp			¬ `		Personal Property Tax.		
24	9. Name and Address of Curre		<u>-</u>		10. Name and Address of New Regis	tered Agent	
_ 			81	Name _	T Corporation	Sustan	
THÈ	PRENTICE-HALL CORPORATIO	n system	82	Street Add	T Corporation	System	
, 1201 HAYS ST			اعدا	1200	ress (P.O. Box Number is Not Acceptable)	nd Koao	
	E 105		83				}
TALL	AHASSE FL 32301		84	CityPla		85 _Zip C	ode
•			1 1		intation	FL 33	324
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	, the above	-named corp	poration submits this statement for the purp ion's board of directors. I hereby accept the	ose of changing its appointment as rer	registered distered
agent. I a	m familia with, and accept the oblig	ations of, Section 607.0505, Florid	a Statutes.	uic corporau	ion o board or our description of		
SIGNATURE	Irl I Imm	<i></i>			n, Asst. Vice Presi		6/99
12.	Signature, typed or philled name of registered ag	ent and title if applicable. (NOTE: Re ND DIRECTORS	egistered Agen	signature require	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	RS IN 12
TITLE	S	DELETE	1.1 TITLE	$\neg \neg \neg$		☐ Change	Addition
NAME	BEAVER, KELLY		1.2 NAME	1			1
STREET ADORESS			1.3 STREET	ADDRESS			
CITY-ST-ZIP	TULSA OK		14 CITY-ST	-ZIP			
TITLE	VPF	☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME	TRILLO, MANUEL		2.2 NAME				
STREET ADDRESS	5400 A 400MD F 4MF		2.3 STREET	ADDRESS			
CITY-ST-ZIP	TULSA OK 74146		2.4 CITY-S	T- ZIP			
TITLE	P	☐ DELETE	31 TITLE			☐ Change	☐ Addition
NAME	CLEVELAND, DAVID L.		3.2 NAME				1
STREET ADDRESS	5400 S 122ND E AVE.		33 STREET	ADDRESS			
CITY-ST-ZIP	TULSA OK 74146		3.4. CITY-S	T-ZIP			
TITLE	AS	☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME	SIRES, DAVID		4.2 NAME	1			1
STREET ADDRESS			4.3 STREET	ADDRESS			1
CITY-ST-ZIP	TULSA OK 74146	CT per ete	4.4 CITY-S	-ZIP		Change	☐ Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME				
NAME			5.3 STREET	ADDRESS			1
STREET ADDRESS			5.4 CITY-S				
CITY-ST-ZIP	 	☐ DELETE	6.1 TITLE	-		Change	Addition
TITLE		C OCCUP	6.2 NAME				_
NAME STREET ADDRESS			6.3 STREET	ADDRESS			1
OTREET WORKERS	**		_				

14. 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 annual report or supplemental annual 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 of trustee empowered to execute this report as required by Chapter 607. Florida Statutes: The property of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607. Florida Statutes: The property of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607. Florida Statutes: The property of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607. Florida Statutes: The property of the corporation of the

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZiP

ED NAME OF SIGNING OFFICER OR DIRECTOR

Assistant Secretary

CR2E034 (11/98)

544962-90033-30 855938

HILTI CARIBE, INC.

5400 South 122nd East Avenue; Tulsa, Oklahoma 74146 (Business Address)

<u>Directors</u>		Social Security Numbers
David Cleveland		447-54-1587
Manuel Trillo		582-98-7498
Kelly Beaver		430-04-5074
Officers		
David Cleveland	President	447-54-1587
Manuel Trillo	Vice-President, Finance	582-98-7498
Kelly Beaver	Secretary	430-04-5074
David Sires	Assistant Secretary	440-62-1217

(Officers and Directors serve indefinitely).

08/13/98