2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 855938

FILED Apr 21, 2004 Secretary of State

Entity Name: HILTI LATIN AMERICA LIMITED, INC.

Current P	rincipal Place o	f Business:	New Principal Plac	e of Business:
5400 S. 12 P.O.BOX 2 TULSA, O				
Current Mailing Address:		New Mailing Address:		
5400 S. 12 P.O.BOX 2 TULSA, O				
FEI Number	: 73-1100930	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of Cu	rrent Registered Agent:	Name and Address	of New Registered Agent:
1200 S PI	ORATION SYST NE ISLAND RD ION, FL 33324	EM		
	named entity su e of Florida.	bmits this statement for the p	urpose of changing its register	red office or registered agent, or both,
SIGNATU				
SIGNATU	Electronic	Signature of Registered Age	ent	Date
	Electronic	Signature of Registered Age trust Fund Contribution ().	ent	Date
Election Ca	Electronic	rust Fund Contribution ().		Date GES TO OFFICERS AND DIRECTOR
Election Cal OFFICER Title: Name: Address:	Electronic	rust Fund Contribution (). DRS:		
Election Ca	Electronic mpaign Financing 1 S AND DIRECTO S ()D BEAVER, KELLY 5400 S. 122ND E	rust Fund Contribution (). DRS: elete AVE. elete NER AVE	ADDITIONS/CHANG Title: Name: Address:	GES TO OFFICERS AND DIRECTOR
Election Cal OFFICER: Title: Name: Address: City-St-Zip: Title: Name: Address:	Electronic mpaign Financing 1 S AND DIRECTO S ()D BEAVER, KELLY 5400 S. 122ND E TULSA, OK VPF ()D WALLNER, WERI 5400 S 122ND E	rust Fund Contribution (). DRS: elete AVE. elete AVE 6 elete AVE.	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	GES TO OFFICERS AND DIRECTOR () Change () Addition
Election Cal OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	Electronic mpaign Financing 1 S AND DIRECTO S ()D BEAVER, KELLY 5400 S. 122ND E TULSA, OK VPF ()D WALLNER, WERI 5400 S 122ND E TULSA, OK 7414 P ()D EVERT, CARY 5400 S 122ND E	rust Fund Contribution (). DRS: elete AVE. elete NER AVE 6 elete AVE. 6 elete	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	GES TO OFFICERS AND DIRECTOR () Change () Addition () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID SIRES AS 04/21/2004