

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 855938

FILED
Apr 16, 2008
Secretary of State

Entity Name: HILTI LATIN AMERICA LIMITED, INC.

Current Principal Place of Business:

5400 S. 122ND E AVE.
TULSA, OK 74146

New Principal Place of Business:

Current Mailing Address:

5400 S. 122ND E AVE.
P.O.BOX 21148
TULSA, OK 74121

New Mailing Address:

FEI Number: 73-1100930 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: EVERT, CARY
Address: 5400 S 122ND E AVE
City-St-Zip: TULSA, OK 74146

Title: SVP () Delete
Name: WICHMANN, KARSTEN
Address: 5400 S 122ND E AVE
City-St-Zip: TULSA, OK 74146

Title: VP () Delete
Name: TINDLE, SCOTT
Address: 5400 S 122ND E AVE
City-St-Zip: TULSA, OK 74146

Title: VP () Delete
Name: BEAVER, KELLY
Address: 5400 S 122ND E AVE
City-St-Zip: TULSA, OK 74146

Title: VP () Delete
Name: SIRES, DAVID
Address: 5400 S 122ND E AVE
City-St-Zip: TULSA, OK 74146

Title: AS () Delete
Name: HUGHES, MARY
Address: 5400 S 122ND E AVE
City-St-Zip: TULSA, OK 74146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DAVID SIRES

VP

04/16/2008

Electronic Signature of Signing Officer or Director

_____ Date