


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90025 020 ***150.00

DOCUMENT # F06000004358

1. Entity Name
DISTRIBUTORS HARDWARE INC.



Principal Place of Business 8600 WEST BRYN MAWR CHICAGO, IL 60631	Mailing Address 8600 WEST BRYN MAWR CHICAGO, IL 60631
---	---

40076883



04152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0868106	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH 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 _____

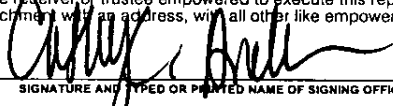
FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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	P KIRST, MANFRED L 8600 WEST BRYNA MAWR CHICAGO, IL 60631
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD SHADDUCK, DAVID A 8600 WEST BRYNA MAWR CHICAGO, IL 60631
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO SHADDUCK, DAVID A 8600 WEST BRYNA MAWR CHICAGO, IL 60631
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPS ANDERSON, CATHY C 8600 WEST BRYNA MAWR CHICAGO, IL 60631
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, CATHY C 8600 WEST BRYNA MAWR CHICAGO, IL 60631
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FPT WAGNER, BARBARA L 8600 WEST BRYNA MAWR CHICAGO, IL 60631

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/08 (773) 695-5000

Date Daytime Phone #