

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 22, 2001 8:00 am
Secretary of State

05-22-2001 90640 018 ***150.00

DOCUMENT # **F94 000000 754**

1. Entity Name

Fastenal Company

Principal Place of Business

Mailing Address

**2001 Theurer Blvd.
Winona MN 55987**

**P.O. Box 978
Winona MN 55987**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

41-0948415

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NANCE, KEN
2714 W. SILVER SPRGS BLVD
OCALA FL 34475**

Name

BRIAN GRIMM

Street Address (P.O. Box Number is Not Acceptable)

2714 W. SILVER SPRINGS BLVD

City

OCALA

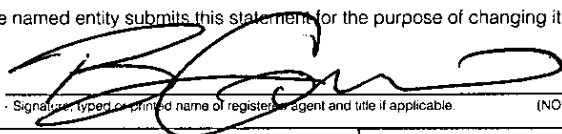
FL

Zip Code

34475

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.

SIGNATURE



Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-24-01

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** NAME **Gostomski, Mike** ☐ Delete
STREET ADDRESS **534 Ronald Ave.**
CITY-ST-ZIP **Winona MN 55987**

TITLE **D** NAME **Reyne Wisecup** ☐ Change ☒ Addition
STREET ADDRESS **2001 Theurer Blvd.**
CITY-ST-ZIP **Winona MN 55987**

TITLE **D** NAME **Remick Jack** ☐ Delete
STREET ADDRESS **3232 Fox Hollow Ct.**
CITY-ST-ZIP **Rochester MN 55902**

TITLE **D** NAME **Michael Dolan** ☐ Change ☒ Addition
STREET ADDRESS **2001 Theurer Blvd**
CITY-ST-ZIP **Winona MN 55987**

TITLE **D** NAME **McConnon Henry** ☐ Delete
STREET ADDRESS **1350 Greenwood Circle**
CITY-ST-ZIP **State College PA**

TITLE **-** NAME **-** ☐ Change ☐ Addition
STREET ADDRESS **-**
CITY-ST-ZIP **-**

TITLE **PD** NAME **Kierlin, Robert** ☐ Delete
STREET ADDRESS **Rt 1**
CITY-ST-ZIP **Winona MN 55987**

TITLE **-** NAME **-** ☐ Change ☐ Addition
STREET ADDRESS **-**
CITY-ST-ZIP **-**

TITLE **SD** NAME **Slaggie Stephen** ☐ Delete
STREET ADDRESS **219 Wabasha**
CITY-ST-ZIP **Winona MN 55987**

TITLE **-** NAME **-** ☐ Change ☐ Addition
STREET ADDRESS **-**
CITY-ST-ZIP **-**

TITLE **T** NAME **Florness Dan** ☐ Delete
STREET ADDRESS **461 Glenview Dr.**
CITY-ST-ZIP **Winona MN 55987**

TITLE **-** NAME **-** ☐ Change ☐ Addition
STREET ADDRESS **-**
CITY-ST-ZIP **-**

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Daniel L. Florness**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CORPORATE TREASURER

Date

Daytime Phone #

4-23-01 (507) 453-8297

CR2E034 (11/00)