

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000003374

FILED
Mar 15, 2005
Secretary of State

Entity Name: NORTHERN TOOL & EQUIPMENT COMPANY, INC.

Current Principal Place of Business:

PO BOX 1219
BURNSVILLE, MN 55337

New Principal Place of Business:

Current Mailing Address:

PO BOX 1219
BURNSVILLE, MN 55337

New Mailing Address:

FEI Number: 41-1405311

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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: KOTULA, DONALD
Address: 9140 BONITA BEACH RD, PMB 108
City-St-Zip: FT MYERS, FL 33731

Title: V () Delete
Name: ALBRECHT, CHARLES
Address: 2800 SOUTHCROSS DR
City-St-Zip: BURNSVILLE, MN 55306

Title: S () Delete
Name: KOTULA, RYAN
Address: 2800 SOUTHCROSS DR
City-St-Zip: BURNSVILLE, MN 55306

Title: T () Delete
Name: ERICKSON, TOM
Address: 2800 SOUTHCROSS DR
City-St-Zip: BURNSVILLE, MN 55306

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
Name:
Address:
City-St-Zip:

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: TOM ERICKSON

T

03/15/2005

Electronic Signature of Signing Officer or Director

_____ Date