

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 20 1998 8:00am
Secretary of State

PROFIT, CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000006088 (5)
 1. Corporation Name
THE STANLEY WORKS INCORPORATED



Principal Place of Business 1000 STANLEY DR. NEW BRITAIN CT 06053	Mailing Address 1000 STANLEY DR. NEW BRITAIN CT 06053
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business Suite, Apt. #, etc.	26 2a. Mailing Address Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip 25 Country	29 Zip 30 Country

3. Date Incorporated or Qualified 11/18/1997	
4. FEI Number 06-0548860	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	TRANI, JOHN M	
STREET ADDRESS	1000 STANLEY DR.	
CITY-ST-ZIP	NEW BRITAIN CT 06053	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWN, STILLMAN B	
STREET ADDRESS	1000 STANLEY DR.	
CITY-ST-ZIP	NEW BRITAIN CT 06053	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PIEDLER, EDGAR R	
STREET ADDRESS	1000 STANLEY DR.	
CITY-ST-ZIP	NEW BRITAIN CT 06053	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JACKSON, MANNIE L	
STREET ADDRESS	1000 STANLEY DR.	
CITY-ST-ZIP	NEW BRITAIN CT 06053	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KAISER, JAMES G	
STREET ADDRESS	1000 STANLEY DR.	
CITY-ST-ZIP	NEW BRITAIN CT 06053	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KRAUS, EILEEN S	
STREET ADDRESS	1000 STANLEY DR.	
CITY-ST-ZIP	NEW BRITAIN CT 06053	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____

CR2E034 (10/97)