

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000001625

FILED
Apr 22, 2009
Secretary of State

Entity Name: EASCO HAND TOOLS, INC.

Current Principal Place of Business:

125 POWDER FOREST DR.
SIMSBURY, CT 060702003

New Principal Place of Business:

Current Mailing Address:

6095 PARKLAND BLVD
SUITE 310
MAYFIELD HEIGHTS, OH 44124

New Mailing Address:

FEI Number: 52-1455548 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH 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: PRES () Delete
Name: COMAS, DANIEL L
Address: 2099 PENNSYLVANIA AVENUE NW - 12TH FLOOR
City-St-Zip: WASHINGTON, DC 20006

Title: VP/S () Delete
Name: O'REILLY, JAMES F
Address: 2099 PENNSYLVANIA AVE NW 12TH FL
City-St-Zip: WASHINGTON, DC 20006

Title: AS/T () Delete
Name: SCHWERTNER, CHARLES A
Address: 6095 PARKLAND BLVD STE 310
City-St-Zip: CLEVELAND, OH 44124

Title: VP/T () Delete
Name: DITKOFF, JAMES
Address: 2099 PENNSYLVANIA AVENUE NW, 12TH PL
City-St-Zip: WASHINGTON, DC 20006

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: LUTZ, ROBERT S
Address: 2099 PENNSYLVANIA AVENUE NW - 12TH FLOOR
City-St-Zip: WASHINGTON, DC 20006

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

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

Title: T/D (X) Change () Addition
Name: MCFADEN, FRANK T
Address: 2099 PENNSYLVANIA AVENUE NW, 12TH PL
City-St-Zip: WASHINGTON, DC 20006

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: CHARLES A. SCHWERTNER

AS/T

04/22/2009

Electronic Signature of Signing Officer or Director

_____ Date