

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000001625

Entity Name: EASCO HAND TOOLS, INC.

FILED  
Apr 27, 2011  
Secretary of State

**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:**

6095 PARKLAND BLVD - SUITE 310  
SUITE 310  
MAYFIELD HEIGHTS, OH 44124

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

**OFFICERS AND DIRECTORS:**

Title: P/D  
Name: LUTZ, ROBERT S  
Address: 2200 PENNSYLVANIA AVENUE NW - SUITE 800W  
City-St-Zip: WASHINGTON, DC 20037

Title: VP/S  
Name: O'REILLY, JAMES F  
Address: 2200 PENNSYLVANIA AVE NW - SUITE 800W  
City-St-Zip: WASHINGTON, DC 20006

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

Title: T/D  
Name: MCFADEN, FRANK T  
Address: 2200 PENNSYLVANIA AVENUE NW - SUITE 800W  
City-St-Zip: WASHINGTON, DC 20037

I hereby 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 all other like empowered.

SIGNATURE: CHARLES A. SCHWERTNER

AS/T

04/27/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date