

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90120 012 \*\*\*150.00

JUN 20 2003



CHECK HERE IF MAKING CHANGES

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # F99000001625**  
 1. Entity Name  
**EASCO HAND TOOLS, INC.**



Principal Place of Business  
**125 POWDER FOREST DR.  
 SIMSBURY CT 06070-2003**

Mailing Address  
**125 POWDER FOREST DR.  
 SIMSBURY CT 06070-2003**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

4. FEI Number **52-1455548**  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
 C/O CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND RD.  
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

I, 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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00**  
 After May 1, 2003, Fee will be \$350.00  
 Make Check Payable to Florida Department of State

9. Election Campaign Financing  
 Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>SIMMS, STEVEN E</b> <b>11011 MCCORMICK RD STE 150 POB 928</b> <b>HUNT VALLEY MD 21030</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVT</b> <b>ALLENDER, PATRICK W</b> <b>2099 PENNSYLVANIA AVE NW 12TH FL</b> <b>WASHINGTON DC 20008</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVS</b> <b>MCMAHON, CHRISTOPHER</b> <b>2099 PENNSYLVANIA AVE NW 12TH FL</b> <b>WASHINGTON DC 20008</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>MOORE, GEORGE C</b> <b>125 POWDER FOREST DRIVE</b> <b>SIMSBURY CT 06070</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>SCHWERTNER, CHARLES</b> <b>5335 AVION PARK DR</b> <b>HIGHLAND HEIGHTS OH 44143</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6095 PARKLAND BLVD, SUITE 310</b> <b>MAYFIELD HEIGHTS, OH 44124</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an att.

SIGNATURE: \_\_\_\_\_ Date: **3/8/03** Daytime Phone #: **860 843-7367**

CR2E034 (10/02)