

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # M02000003394**

1. Entity Name  
SNAP-ON TOOLS COMPANY, LLC



Principal Place of Business  
2801 80TH STREET  
KENOSHA, WI 53141-1410

Mailing Address  
10801 CORPORATE DRIVE  
PLEASANT PRAIRIE, WI 53158-1603



04212004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
58-2069671

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

8. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2004**

000000133575  
04/27/04-80095-002 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
CHELBERG, BRUCE S  
2801 80TH STREET  
KENOSHA, WI 531411410

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
DECYK, ROXANNE J  
2801 80TH STREET  
KENOSHA, WI 531411410

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
ELLIOTT, DALE F  
2801 80TH STREET  
KENOSHA, WI 531411410

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
HADLEY, LEONARD  
2801 80TH STREET  
KENOSHA, WI 531411410

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
KELLY, ARTHUR L  
2801 80TH STREET  
KENOSHA, WI 531411410

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
MICHAELS, JACK D  
2801 80TH STREET  
KENOSHA, WI 531411410

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Blaine A. Metzger - Treasurer

4/21/04

Date

262-656-5200

Daytime Phone #

24/2/104