




**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P28862			
1. Entity Name VICTAULIC TOOL COMPANY			
Principal Place of Business 4901 KESSLERSVILLE ROAD EASTON, PA 18042-9153		Mailing Address 4901 KESSLERSVILLE ROAD EASTON, PA 18042-9153	
DO NOT WRITE IN THIS SPACE			
		04272004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 23-2259163	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		DO NOT WRITE IN THIS SPACE	
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYES ST SUITE 105 TALLAHASSEE, FL 32301			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U00000151737 05/04/04-80057-011 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRACHTENBERG, J. M. 4901 KESSLERSVILLE ROAD EASTON, PA		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FISHER, P. A. 4901 KESSLERSVILLE ROAD EASTON, PA		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BAREFOOT, D.W. 4901 KESSLERSVILLE ROAD EASTON, PA		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. 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 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 attachment with an address, with all other like empowered.			
SIGNATURE: 		Date 4/28/04 Daytime Phone # 1-800-559-3300	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			