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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P31540

(8)

FILED
Apr 22 1997 8:00am
Secretary of State

Corporation Name STANLEY MECHANICS TOOLS, INC.  Inicipal Place of Business Mailing Address HILTON CORPORATE DRIVE HUMBUS OH 43232-0940 Mailing Address 1000 STANLEY DRIVE NEW BRITAIN CT 08053-1675								
					3. Date Incorporated or Qualified 10/24/1990		ate of Last 22/1996	
Principal Piace of Business		2a. Mailing Address			4. FEI Number			Applied For
ito An	t. #, 6lc	Suite, Apt. #, etc.			06-1017406			Not Applicable
no, Api	u, #, Cuu	30/16, Apr. #, etc.			5. Certificate of Status Desired			Additional Required
ty & Sta	ate	City & State		<del></del>	Election Campaign Financing			O May Be
		28			Trust Fund Contribution			d to Fees
)	Country	Zip	Country	/	8. This corporation has liability for			s. 199.032,
	25	29	30			Yes		****
	9. Name and Address of Curr	rent Registered Agent		1	10. Name and Address of New R	legistered	Agent	······································
	CORPORATION SYSTEM		81	Name				
	00 S. PINE ISLAND ROAD ANTATION FL 33324		82	Street Ad	dress (P.O. Box Number is Not Accepta	able)		
ru	441A11014 FE 33324		83	<del> </del>	······································		·····	······································
			84	City		FL	85 Zi	p Code
ำนารบลก	nt to the provisions of Sections 607.0	0502 and 607.1508. Florida Stat	utes, the above	e-named co	rporation submits this statement for the ation's board of directors. I hereby acc	purpose o	of changing	its registered
			Florida Statute:	S.	•			
ATURE	Signature typed or ponted name of registered	agent and tick it appheable (N	OTE: Rogistered Age		uired when reinslating)	DATE		
	Signature typed or ponted name of registered					DATE		ORS IN 12
	Signature apped or posted name of registered OFFICERS A PD AXLINE, WILLIAM L.	agent and tice it applicable (N AND DIRECTORS DELETE	OTE: Registered Age	ent signature /ec	uired when reinstating)  ADDITIONS/CHANGES TO OFF	DATE	D DIRECTO	ORS IN 12
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4. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAY DOWN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR