

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000000754

Entity Name: FASTENAL COMPANY**Current Principal Place of Business:**2001 THEURER BLVD.
WINONA, MN 55987**Current Mailing Address:**2001 THEURER BLVD.
P.O. BOX 1206
WINONA, MN 55987**FEI Number:** 41-0948415**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US*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**Officer/Director Detail :**Title CHAIRMAN OF BOARD OF
DIRECTORS

Name OBERTON, WILLARD

Address 2001 THEURER BLVD.

City-State-Zip: WINONA MN 55987

Title CEO, PRESIDENT, DIRECTOR

Name FLORNESS, DANIEL

Address 2001 THEURER BLVD.

City-State-Zip: WINONA MN

Title DIRECTOR

Name DOLAN, MICHAEL

Address 2001 THEURER BLVD

City-State-Zip: WINONA MN 55987

Title DIRECTOR

Name SATTERLEE, SCOTT

Address 2001 THEURER BLD

City-State-Zip: WINONA MN 55987

Title VP, DIRECTOR

Name HEIN, LELAND

Address 2001 THEURER BLVD.

City-State-Zip: WINONA MN 55987

Title VP, DIRECTOR

Name WISECUP, REYNE

Address 2001 THEURER BLVD

City-State-Zip: WINONA MN 55987

Title DIRECTOR

Name ANCIUS, MICHAEL

Address 2001 THEURER BLVD

City-State-Zip: WINONA MN 55987

Title DIRECTOR

Name JACKSON, DARREN

Address 2001 THEURER BLVD

City-State-Zip: WINONA MN 55987

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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: DANIEL L. FLORNESS**PRESIDENT****04/20/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HEISE, RITA
Address 2001 THEURER BLVD
City-State-Zip: WINONA MN 55987

Title DIRECTOR
Name EASTMAN, STEPHEN
Address 2001 THEURER BLVD
City-State-Zip: WINONA MN 55987

Title EVP
Name OWEN, TERRY
Address 2001 THEURER BLVD
City-State-Zip: WINONA MN 55987

Title DIRECTOR
Name JOHNSON, DANIEL L
Address 2001 THEURER BLVD.
City-State-Zip: WINONA MN 55987