

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
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95 APR 27 AM 9:41

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

| | | |
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| CORPORATION ANNUAL REPORT 1995 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Northen Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # P01135 (3)

1. Corporation Name
ILLINOIS TOOL WORKS INC.

| | |
|--|---|
| Principal Place of Business 3600 WEST LAKE AVENUE GLENVIEW IL 60025-2811 | Mailing Address 3600 WEST LAKE AVENUE TAX DEPT. GLENVIEW IL 60025-2811 US |
|--|---|

DO NOT WRITE IN THIS SPACE.

| | | | |
|---|----------------------------------|--|--|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified 03/07/1984 | 3a. Date of Last Report 05/01/1994 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 36-1258310 | Applied For Not Applicable |
| City & State 23 | City & State 28 | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| Zip 24 | Country 25 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| | | 7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | |
|---|--|---|-----------------------|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 | | 81 Name | |
| | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| | | 83 | |
| | | 84 City | FL 85 Zip Code |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reappointing)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------|---|--|
| TITLE CEO | NICHOLS, JOHN D. | 1 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 12 NAME | |
| STREET ADDRESS | | 13 STREET ADDRESS | |
| CITY - ST - ZIP | | 14 CITY - ST - ZIP | |
| TITLE VS | STEWART S. HUDNUT | 2 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 22 NAME | |
| STREET ADDRESS | | 23 STREET ADDRESS | |
| CITY - ST - ZIP | | 24 CITY - ST - ZIP | |
| TITLE VT | ROBINSON, MICHAEL J. | 3 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY - ST - ZIP | | 34 CITY - ST - ZIP | |
| TITLE D | CATHCART, SILAS | 4 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY - ST - ZIP | | 44 CITY - ST - ZIP | |
| TITLE D | NICHOLS, JOHN D. | 5 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY - ST - ZIP | | 54 CITY - ST - ZIP | |
| TITLE D | SMITH, HAROLD B. | 6 1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY - ST - ZIP | | 64 CITY - ST - ZIP | |
| | | V | |
| | | Robert V. McGrath | |
| | | 3600 West Lake Avenue | |
| | | Glenview, IL 60025-5811 | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: Robert V. McGrath **Robert V. McGrath**
 Vice President, Tax 4/19/95 708-724-7500
(Signature and typed or printed name of signing officer or director) (Date) (Telephone #)