


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01135</b> 1. Entity Name ILLINOIS TOOL WORKS INC.	
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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
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**DO NOT WRITE IN THIS SPACE**



04202004 No Chg-P CR2E034 (10/03)

4. FEI Number 36-1258310	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
 1200 S. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO FARRELL, W. JAMES 3600 W. LAKE AVENUE GLENVIEW, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS STEWART S. HUDNUT 3600 W LAKE AVE GLENVIEW, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT RODRIGUEZ, FELIX L 3600 W LAKE AVE GLENVIEW, IL 600255811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCGRATH, ROBERT V 3600 W LAKE AVE GLENVIEW, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROONEY, PHILLIP B 3003 BUTTERFIELD RD OAKBROOK, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, HAROLD B. 3600 W LAKE AVE GLENVIEW, IL

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 04/27/04-80050-003 150.00

12. I 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 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: Robert V. McGrath ROBERT V. MCGRATH 4/21/2004 847-724-7500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #