


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 08:00 A**  
**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**



04252007 No Chg-P CR2E034 (11/05)

4. FEI Number 36-1258310	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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	CEOD SPEER, DAVID B 3600 W. LAKE AVENUE GLENVIEW NAS, IL 600261215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS WOOTEN, JAMES H JR 3600 W. LAKE AVE GLENVIEW NAS, IL 600261215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT RODRIGUEZ, FELIX L 3600 W LAKE AVE GLENVIEW NAS, IL 600261215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SUTHERLAND, ALAN C 3600 WEST LAKE AVE GLENVIEW NAS, IL 600261215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, HAROLD B. 3600 W LAKE AVE GLENVIEW NAS, IL 600261215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000739404  
05/14/07-80026-006 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** \_\_\_\_\_ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date: 4/26/07 Daytime Phone #: 847-724-7500