

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01135

**FILED**  
**Apr 17, 2018**  
**Secretary of State**  
**CC9337087850**

**Entity Name:** ILLINOIS TOOL WORKS INC.

**Current Principal Place of Business:**

155 HARLEM AVENUE  
GLENVIEW, IL 60025

**Current Mailing Address:**

155 HARLEM AVENUE  
TAX DEPT.  
GLENVIEW, IL 60025 US

**FEI Number:** 36-1258310

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 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            CEO  
Name            SANTI, E. SCOTT  
Address        155 HARLEM AVENUE  
City-State-Zip: GLENVIEW IL 60025

Title            S  
Name            FINCH, NORMAN D  
Address        155 HARLEM AVENUE  
City-State-Zip: GLENVIEW IL 60025

Title            T  
Name            LIVINGSTON, DAVID  
Address        155 HARLEM AVE.  
City-State-Zip: GLENVIEW IL 60025

Title            D  
Name            SMITH, JR., DAVID B  
Address        155 HARLEM AVENUE  
City-State-Zip: GLENVIEW IL 60025

*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:** DAVID LIVINGSTON

**VP & TREASURER**

**04/17/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date