STATE OF CALIFORNIA UNIFORM COMMERCIAL CODE-FINANCING STATEMENT-FORM UCC-1 (REV. 1/76)

Registré, Inc.

IMPORTANT—Read instructions on back before filling out form

| This FINANCING STATEMENT is presented for filing purs | uant to the California | Uniform Commercial | Code. |
|--|-------------------------|---|--------------------------|
| 1. DEBTOR (LAST NAME FIRST—IF ANUNDIVIDUAL) | | TA. BOCIAL SECU | IRITY OR FEDERAL TAX NO. |
| 18. MAILING ADDRESS | IC. PITY. STATE | e NV | 10. ZIP CODE |
| 2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST—IF AN INDIVIDUAL) | Statelia | | JRITY OR FEDERAL TAX NO. |
| | | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | |
| 28. MAILING ADDRESS | 2C. CITY, STATE | \ \ | 2D. ZIP CODE |
| 3. DESTOR'S TRADE NAMES OR STYLES (IF ANY) | | 3A. FEDERAL TA | X NUMBER |
| 4 0500050 01050 1 1/2 1 | | 44 1000 1000 | ITY NO , FEDERAL TAX NO |
| NAME TAGGE TAP | | | NSIT AND A B A. HO. |
| MAILING ADDRESS P.O. DCX 5697 | ZIP CODE | MALKIC | |
| 5. ASSIGNEE OF SECURED PARTY (IF ANY) | ZIP CODE () | SA. SOCIAL SECUR | ITT NO FEDERAL TAX NO |
| MAILING ADDRESS 165 Northeast Avenue | | OR BARK YEAR | NSIT AND A B A. NO |
| CITY Tallmadge STATE Ohlo | ZIP CODE 44 | 278 | |
| 6. This FINANCING STATEMENT covers the following types or items of located and owner of record when required by instruction | property (include de | escription of real | property on which |
| | . / |] | - |
| All tools, equipment and accessory items now owned for use in Debtor's trade or business together with a similar tools, equipment and accessory items hereafte | ny Debtor ny and all | / | |
| similar tools, equipment and accessory items hereafte | r acquired. | | |
| | \ / | | |
| | | | |
| | | | |
| | | | |
| | / | | |
| 78. DEBTOR(S) SIGN | ATURE NOT REQUIRED | IN ACCORDANCE WITH | 4 |
| 7. CHECK AND PRODUCTS OF COLLATERAL INSTRUCTION BO | (2) (3) | (4) | |
| | | | |
| 8. CHECK DEBTOR IS A "TRANSMITTING UTILITY" IN AC | CORDANCE WITH UCC | § 9105 (1) (n) | |
| 9. DATE: | c 10 | . THIS SPACE FOR USI | E OF FILING OFFICER |
| | 0 0 | D. THIS SPACE FOR USE (DATE, TIME, FILE I AND FILING OFFICE | |
| SIGNATURE(S) OF DESTOR(S) | E | • | 06276 |
| Our C. Parish | 1 | | |
| Cuy S. Bauch TYPE OR PRINT MANDES) OF DENTOR(S) | 2 | | |
| | 3 | | |
| SIGNATURE ES OF SEALURD PARTY DESS' O CHES | 4 | | |
| | 5 | REQUES | TED BY FOR C |
| Ralph N. Taddeo | 6 | IN OFF | RECORDS OF |
| 11. Return copy to: | 7 | Dores | AN NEVADA |
| NAME Matco Tools Corp. | В | '86 JAN 17 | M1 ·1 Q |
| ADDRESS 124 West Avenue CITY Tallmadge | 9 | '86 JAN 17 | 741 · 10 |
| STATE Ohio | 0 | SUZAHKE | HAUGREAU |
| ZIP CODE 44278 | _ | RECO | Midek |
| (1) FILING OFFICER COPY FORM UCC-1—FILING F Approved by the Secretar | EE \$3.00 | \$ 600 PAID. | |
| Approved by the Secretor | 7 31 31010 | | 129592 |