

1.) CORPORATION NAME: ILLINOIS TOOL WORKS INC.	DUE DATE: 5/31/2013
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA	SCC ID NO: F0157299
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: DE	

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3600 WEST LAKE AVENUE

CITY/ST/ZIP: GLENVIEW, IL 60026-1215

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: LEANNE M. ONO	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
TITLE: VP TAX/TREAS				
ADDRESS: 3600 W LAKE AVE				
CITY/ST/ZIP/CO: GLENVIEW, IL 60026				

NAME: DAVID B SMITH, JR	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: DIRECTOR				
ADDRESS: 3600 WEST LAKE AVENUE				
CITY/ST/ZIP/CO: GLENVIEW, IL 60026-1215				

NAME: E. Scott Santi	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: CEO				
ADDRESS: 3600 WEST LAKE AVENUE				
CITY/ST/ZIP/CO: GLENVIEW, IL 60026-1215				

NAME: David Parry	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
TITLE: VICE CHAIR				
ADDRESS: 3600 WEST LAKE AVENUE				
CITY/ST/ZIP/CO: GLENVIEW, IL 60026-1215				

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ LEANNE M. ONO	LEANNE M. ONO, VP TAX/TREAS	5/8/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.