

1.) CORPORATION NAME:

Stanley Black & Decker, Inc.

DUE DATE: **1/31/2012**

SCC ID NO: **F0499105**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	300,000,000
PREFER	10,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

CT

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1000 STANLEY DRIVE

CITY/ST/ZIP: NEW BRITAIN, CT 06053-

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: JOHN F. LUNDGREN
TITLE: PRESIDENT
ADDRESS: 1000 STANLEY DRIVE
CITY/ST/ZIP/CO: NEW BRITAIN, CT 06053-

OFFICER

DIRECTOR

NAME: DONALD ALLAN, JR.
TITLE: VICE PRESIDENT
ADDRESS: 1000 STANLEY DRIVE
CITY/ST/ZIP/CO: NEW BRITAIN, CT 06053-

OFFICER

DIRECTOR

NAME: BRUCE HARRY BEATT
TITLE: SECRETARY
ADDRESS: 1000 STANLEY DRIVE
CITY/ST/ZIP/CO: NEW BRITAIN, CT 06053-

OFFICER

DIRECTOR

NAME: CRAIG ARGYL DOUGLAS
TITLE: TREASURER
ADDRESS: 1000 STANLEY DRIVE
CITY/ST/ZIP/CO: NEW BRITAIN, CT 06053-

OFFICER

DIRECTOR

NAME: NOLAN D. ARCHIBALD
TITLE: DIRECTOR
ADDRESS: 1000 STANLEY DRIVE
CITY/ST/ZIP/CO: NEW BRITAIN, CT 06053-

OFFICER

DIRECTOR

NAME: JOHN G BREEN TITLE: DIRECTOR ADDRESS: 1000 STANLEY DRIVE CITY/ST/ZIP/CO: NEW BRITAIN, CT 06053-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: GEORGE W BUCKLEY TITLE: DIRECTOR ADDRESS: 1000 STANLEY DRIVE CITY/ST/ZIP/CO: NEW BRITAIN, CT 06053-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: PATRICK D. CAMPBELL TITLE: DIRECTOR ADDRESS: 1000 STANLEY DRIVE CITY/ST/ZIP/CO: NEW BRITAIN, CT 06053-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT B. COUTTS TITLE: DIRECTOR ADDRESS: 1000 STANLEY DRIVE CITY/ST/ZIP/CO: NEW BRITAIN, CT 06053-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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/ CRAIG ARGYL DOUGLAS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CRAIG ARGYL DOUGLAS, TREASURER PRINTED NAME AND CORPORATE TITLE
12/5/2011 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.	