

1.) CORPORATION NAME:

Stanley Black & Decker, Inc.

DUE DATE: **1/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F0499105**

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.

<p>NAME: JOHN F. LUNDGREN TITLE: President/CEO ADDRESS: 1000 STANLEY DRIVE CITY/ST/ZIP/CO: NEW BRITAIN, CT 06053</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: DONALD ALLAN, JR. TITLE: VICE PRESIDENT ADDRESS: 1000 STANLEY DRIVE CITY/ST/ZIP/CO: NEW BRITAIN, CT 06053</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: BRUCE HARRY BEATT TITLE: Sec./SVP/GC ADDRESS: 1000 STANLEY DRIVE CITY/ST/ZIP/CO: NEW BRITAIN, CT 06053</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: Craig Argyle Douglas TITLE: Treasurer/VP ADDRESS: 1000 STANLEY DRIVE CITY/ST/ZIP/CO: NEW BRITAIN, CT 06053</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: NOLAN D. ARCHIBALD TITLE: DIRECTOR ADDRESS: 1000 STANLEY DRIVE CITY/ST/ZIP/CO: NEW BRITAIN, CT 06053</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: JOHN G BREEN TITLE: DIRECTOR ADDRESS: 1000 STANLEY DRIVE CITY/ST/ZIP/CO: NEW BRITAIN, CT 06053</p>	<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 Argyle Douglas SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Craig Argyle Douglas, Treasurer/VP PRINTED NAME AND CORPORATE TITLE	12/21/2012 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.		