

2000 UNIFORM BUSINESS REPORT (UBR)

1062

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DOCUMENT # 812066
 1. Entity Name
LATROBE STEEL COMPANY

FILED

00 MAY 23 PM 1:53

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
 2000 S LIGONIER STREET 2626 S LIGONIER STREET
 LATROBE PENNSYLVANIA 15650 LATROBE PENNSYLVANIA 15650-3246



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
25-0610595 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 Name **Corporation Service Company**
 Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET
 City **TALLAHASSEE** FL Zip Code **32301**

8. 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 *Rama R. [Signature]* DATE **5/23/00**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S WHITE, R. SCOTT	NAME	
STREET ADDRESS	322 SATINWOOD DRIVE	STREET ADDRESS	
CITY-ST-ZIP	GREENSBURG PA 15601	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D TIMKEN, W.R., JR.	NAME	
STREET ADDRESS	2321 BRENTWOOD RD.,N.W.	STREET ADDRESS	
CITY-ST-ZIP	CANTON, OH 00000	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P SACK, HANS	NAME	
STREET ADDRESS	3701 MARKET AVE N	STREET ADDRESS	
CITY-ST-ZIP	LANTON OH	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T BUCCI, JAMES	NAME	
STREET ADDRESS	426 HIGH ST	STREET ADDRESS	
CITY-ST-ZIP	DERRY PA	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D BOWLING, B J	NAME	
STREET ADDRESS	7529 BETHANY CIRCLE NW	STREET ADDRESS	
CITY-ST-ZIP	CANTON OH 44720	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D BROWN, L.R.	NAME	
STREET ADDRESS	326 HUME ST NE	STREET ADDRESS	
CITY-ST-ZIP	CANTON OH	CITY-ST-ZIP	

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *J.R. Bucci* J.R. BUCCI TREASURER DATE (724) 532-6392 DAYTIME PHONE #

CR2FN34 (9/99)

2002



ACCOUNT NO. : 072100000032
 REFERENCE : 706403 7197744
 AUTHORIZATION : *Patricia Pijet*
 COST LIMIT : \$ 550.00

ORDER DATE : May 22, 2000
 ORDER TIME : 11:28 AM
 ORDER NO. : 706403-005
 CUSTOMER NO: 7197744
 CUSTOMER: Ms. Janine M. O' Wesney
 The Timken Company
 1835 Dueber Avenue S.w.
 Canton, OH 44706-2798

CHANGE OF AGENT

NAME: LATROBE STEEL COMPANY

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Tamara Odom

DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

00 MAY 23 PM 12:13

RECEIVED