

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000002578

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: THE TIMKEN CORPORATION

## Current Principal Place of Business:

THE TIMKEN CORPORATION  
1835 DUEBER AVE., SW GNE-12  
CANTON, OH 447060928

## New Principal Place of Business:

## Current Mailing Address:

THE TIMKEN CORPORATION  
1835 DUEBER AVE., SW GNE-12  
CANTON, OH 447060928

## New Mailing Address:

FEI Number: 34-1878497      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CSC  
1201 HAYS ST  
TALLAHASSEE, FL 32301      US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: EVPP ( ) Delete  
Name: BOWLING, BILL J  
Address: 1835 DUEBER AVE., S.W.  
City-St-Zip: CANTON, OH 44706

Title: SVP ( ) Delete  
Name: BURKHARDT, WILLIAM R  
Address: 1835 DUEBER AVE., S.W.  
City-St-Zip: CANTON, OH 44706

Title: CS ( ) Delete  
Name: SCHERFF, SCOTT A  
Address: 1835 DUEBER AVE., S.W.  
City-St-Zip: CANTON, OH 44706

Title: PCEO ( ) Delete  
Name: GRIFFITH, JAMES W  
Address: 1835 DUEBER AVE., S.W.  
City-St-Zip: CANTON, OH 44706

Title: PA ( ) Delete  
Name: DEDO, JACQUELINE A  
Address: 1835 DUEBER AVE., S.W.  
City-St-Zip: CANTON, OH 44706

Title: SVPF ( ) Delete  
Name: BAILEY, SALLIE B  
Address: 1835 DUEBER AVE., S.W.  
City-St-Zip: CANTON, OH 44706

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CS (X) Change ( ) Addition  
Name: SCHERFF, SCOTT A  
Address: 1835 DUEBER AVE., S.W.  
City-St-Zip: CANTON, OH 44706

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT SCHERFF

CS

04/29/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date