

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91453 045 ***150.00

DOCUMENT # <i>F99000002578</i>	
1. Entity Name THE TIMKEN CORPORATION	

DO NOT WRITE IN THIS SPACE

JUL 12 7 00

2. Principal Place of Business THE TIMKEN CORPORATION Suite, Apt. #, etc. 1835 DUEBER AVE., SW GNE-12 City & State CANTON OH Zip 44706-0928		3. Mailing Address THE TIMKEN CORPORATION Suite, Apt. #, etc. 1835 DUEBER AVE., SW GNE-12 City & State CANTON OH Zip 44706-0928	
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DO NOT WRITE IN THIS SPACE

4. FEI Number 34-1878497		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		7. Name and Address of Current Registered Agent	
DO NOT WRITE IN THIS SPACE		Name CSC Street Address (P.O. Box Number is Not Acceptable) 1201 Hays St 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVPP BOWLING, BILL J 1835 DUEBER AVE., S.W. CANTON OH 44706	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP BURKHARDT, WILLIAM R 1835 DUEBER AVE., S.W. CANTON OH 44706	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CS SHEREFF, SCOTT A 1835 DUEBER AVE., S.W. CANTON OH 44706	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCEO GRIFFITH, JAMES W 1835 DUEBER AVE., S.W. CANTON OH 44706	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PA KIMMERLING, KARL P 1835 DUEBER AVE., S.W. CANTON OH 44706	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVPF BAILEY, SALLIE B. 1835 DUEBER AVE., S.W. CANTON OH 44706	TITLE NAME STREET ADDRESS CITY - ST - ZIP	

CR2E034B (1/202)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sallie B. Bailey* **Sallie B. Bailey** *4/29/03* **330-471-3601**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #