

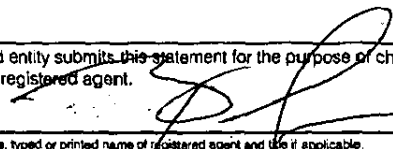



**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 09, 2003 8:00 am
Secretary of State

05-05-2003 91453 044 ***150.00

DOCUMENT # P30096					
1. Entity Name THE TORRINGTON COMPANY Timken US Corporation (Formerly Torrington Company)					
Principal Place of Business 59 FIELD STREET TORRINGTON CT 06790		Mailing Address 59 FIELD STREET TORRINGTON CT 06790			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 06-0564725	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324			Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays ST. City Tallahassee, FL 32301 FL Zip Code		
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 		Brian Courtney Asst. V. Pres		DATE 4/5/03	
Signature, typed or printed name of registered agent and date if applicable		(NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CEO	<input type="checkbox"/> Delete	TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURPIN, JOHN E		NAME	James W. Gribble, III	
STREET ADDRESS	59 FIELD STREET		STREET ADDRESS	1835 Duebee Ave. SW.	
CITY-ST-ZIP	TORRINGTON CT 06790		CITY-ST-ZIP	CANTON, OH 44706	
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BODELL, DONALD		NAME	Karl P. Kimmerling	
STREET ADDRESS	59 FIELD STREET		STREET ADDRESS	1835 Duebee Ave SW	
CITY-ST-ZIP	TORRINGTON CT 06790		CITY-ST-ZIP	CANTON, OH 44706	
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWMAN, GEORGE T		NAME	Michael C Arnold	
STREET ADDRESS	59 FIELD STREET		STREET ADDRESS	1835 Duebee Ave SW	
CITY-ST-ZIP	TORRINGTON CT 06790		CITY-ST-ZIP	CANTON, OH 44706	
TITLE	V	<input type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANDALL, RICHARD W		NAME	Salvatore J. Miraglia, Jr	
STREET ADDRESS	59 FIELD STREET		STREET ADDRESS	1835 Dueber Ave SW	
CITY-ST-ZIP	TORRINGTON CT 06790		CITY-ST-ZIP	CANTON, OH 44706	
TITLE	VAS	<input type="checkbox"/> Delete	TITLE	VAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, THOMAS J		NAME	William R. Burkhart	
STREET ADDRESS	59 FIELD STREET		STREET ADDRESS	1835 Dueber Ave SW	
CITY-ST-ZIP	TORRINGTON CT 06790		CITY-ST-ZIP	CANTON, OH 44706	
TITLE	AS	<input type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELLER, RONALD G		NAME	Sallie Bailey	
STREET ADDRESS	200 CHESTNUT RIDGE RD		STREET ADDRESS	1835 Dueber Ave SW	
CITY-ST-ZIP	WOODCLIFF LAKE NJ 07675		CITY-ST-ZIP	CANTON, OH 44706	
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		4/30/03		(320) 471-3601	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

CR2E03A (10/02)