

CT CORPORATION SYSTEM

FO1000006184

CORPORATION(S) NAME

TB Wood's Incorporated

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- | | | |
|--|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input checked="" type="checkbox"/> Foreign <i>Qual.</i> | <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Other |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Change of RA |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Photocopies | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

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Order#: 4916505

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Ref#: *****70.00 *****70.00

Amount: \$ _____

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615



APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

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1. TB Wood's Incorporated
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Pennsylvania 3. 23-1232420
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 01/04/1906 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 01/02/2001
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 440 Fifth Avenue, Chambersburg, PA 17236
(Principal office address)

same
(Current mailing address)

Warehousing and sale of industrial power transmission products

8. _____
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

10. **Registered agent's acceptance:**
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

BY: Korri A. Behler
(Registered agent's signature)

KORRI A. BEHLER
Special Assistant Secretary

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS *SEE ATTACHMENT*

Chairman: Thomas C. Foley

Address: 440 Fifth Avenue
Chambersburg, PA 17236

Vice Chairman: _____

Address: _____

Director: Robert J. Dole

Address: 440 Fifth Avenue
Chambersburg, PA 17236

Director: James R. Swenson

Address: 440 Fifth Avenue
Chambersburg, PA 17236

B. OFFICERS *SEE ATTACHMENT*

President: Michael L. Hurt

Address: 440 Fifth Avenue
Chambersburg, PA 17236

Vice President: Thomas F. Tatarczuch

Address: 440 Fifth Avenue
Chambersburg, PA 17236


Secretary: Thomas F. Tatarczuch

Address: 440 Fifth Avenue Chambersburg, PA 17236

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Thomas F. Tatarczuch, Secretary
(Typed or printed name and capacity of person signing application)

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Attachment to Florida
Application By Foreign Corporation for Authorization to Transact Business In Florida
Officers & Directors

1. Full Name: Michael L. Hurt
Officer/Director: Officer
Officer's Title: President
Business Address: 440 Fifth Avenue
City: Chambersburg
State: PA
ZIP Code: 17236

2. Full Name: Thomas F. Tatarczuch
Officer/Director: Officer
Officer's Title: Vice President & Secretary
Business Address: 440 Fifth Avenue
City: Chambersburg
State: PA
ZIP Code: 17236

3. Full Name: James R. Swenson
Officer/Director: Director
Director's Title: Other Director
Business Address: 440 Fifth Avenue
City: Chambersburg
State: PA
ZIP Code: 17236

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TALLAHASSEE, FLORIDA

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

NOVEMBER 14, 2001

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

TB WOOD'S INCORPORATED

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.



Kim D'Amico

Secretary of the Commonwealth

JSOW

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