


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90014 002 ***150.00

DOCUMENT # F01000006184

1. Entity Name
TB WOOD'S INCORPORATED



Principal Place of Business
**440 FIFTH AVENUE
 CHAMBERSBURG, PA 17236**

Mailing Address
**440 FIFTH AVENUE
 CHAMBERSBURG, PA 17236**

44011049



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02042004 Chg-P CR2E034 (10/03)

City & State

4. FEI Number
23-1232420

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

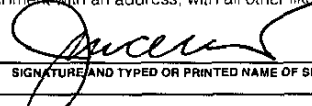
**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE P <input checked="" type="checkbox"/> Delete	HURT, MICHAEL L 440 FIFTH AVENUE CHAMBERSBURG, PA 17236
TITLE VS <input checked="" type="checkbox"/> Delete	TATARCZUCH, THOMAS F 440 FIFTH AVENUE CHAMBERSBURG, PA 17236
TITLE CD <input checked="" type="checkbox"/> Delete	FOLEY, THOMAS C 440 FIFTH AVENUE CHAMBERSBURG, PA 17236
TITLE D <input checked="" type="checkbox"/> Delete	DOLE, ROBERT J 440 FIFTH AVENUE CHAMBERSBURG, PA 17236
TITLE D <input type="checkbox"/> Delete	SWENSON, JAMES R 440 FIFTH AVENUE CHAMBERSBURG, PA 17236
TITLE D <input type="checkbox"/> Delete	OSBURN, FRANK D 440 NORTH FIFTH AVE. CHAMBERSBURG, PA 17201

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Acting President James R Swenson 440 North Fifth Ave Chambersburg PA 17201
TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Vice President Finance Joseph C Horvath 440 North Fifth Ave Chambersburg PA 17201
TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Director Enrico Lazio 440 North Fifth Ave Chambersburg PA 17201
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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:  DATE: **2/9/04** DAYTIME PHONE #: **717-264-7161**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR