

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000006184

FILED
Jul 29, 2005
Secretary of State

Entity Name: TB WOOD'S INCORPORATED

Current Principal Place of Business:

440 FIFTH AVENUE
CHAMBERSBURG, PA 17236

New Principal Place of Business:

440 FIFTH AVENUE
CHAMBERSBURG, PA 17201

Current Mailing Address:

440 FIFTH AVENUE
CHAMBERSBURG, PA 17236

New Mailing Address:

440 FIFTH AVENUE
CHAMBERSBURG, PA 17201

FEI Number: 23-1232420

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: AP () Delete
Name: SWENSON, JAMES R
Address: 440 FIFTH AVENUE
City-St-Zip: CHAMBERSBURG, PA 17201

Title: VF () Delete
Name: HORVATH, JOSEPH C
Address: 440 FIFTH AVENUE
City-St-Zip: CHAMBERSBURG, PA 17201

Title: D () Delete
Name: LAZIO, ENRICO
Address: 440 FIFTH AVENUE
City-St-Zip: CHAMBERSBURG, PA 17201

Title: D () Delete
Name: SWENSON, JAMES R
Address: 440 FIFTH AVENUE
City-St-Zip: CHAMBERSBURG, PA 17236

Title: D () Delete
Name: OSBURN, FRANK D
Address: 440 NORTH FIFTH AVE.
City-St-Zip: CHAMBERSBURG, PA 17201

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change () Addition
Name: SWENSON, JAMES R
Address: 440 FIFTH AVENUE
City-St-Zip: CHAMBERSBURG, PA 17201

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: DEBORAH S, JACOBS

ACCT

07/29/2005

Electronic Signature of Signing Officer or Director

_____ Date