


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90418 012 \*\*\*150.00

**DOCUMENT # F01000006184**

1. Entity Name  
**TB WOOD'S INCORPORATED**



Principal Place of Business  
**440 FIFTH AVENUE  
 CHAMBERSBURG, PA 17201**


Mailing Address  
**440 FIFTH AVENUE  
 CHAMBERSBURG, PA 17201**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

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

City & State  
 Zip Country

**40089515**



03212007 Chg-P CR2E034 (12/06)

4. FEI Number  
**23-1232420**

Applied For  
 Not Applicable

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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	AP	<input type="checkbox"/> Delete
NAME	FEJES, JR., WILLIAM T	
STREET ADDRESS	440 FIFTH AVENUE	
CITY - ST - ZIP	CHAMBERSBURG, PA 17201	
TITLE	VF	<input type="checkbox"/> Delete
NAME	HORVATH, JOSEPH C	
STREET ADDRESS	440 FIFTH AVENUE	
CITY - ST - ZIP	CHAMBERSBURG, PA 17201	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAZIO, ENRICO	
STREET ADDRESS	440 FIFTH AVENUE	
CITY - ST - ZIP	CHAMBERSBURG, PA 17201	
TITLE	D	<input type="checkbox"/> Delete
NAME	SWENSON, JAMES R	
STREET ADDRESS	440 FIFTH AVENUE	
CITY - ST - ZIP	CHAMBERSBURG, PA 17201	
TITLE	D	<input type="checkbox"/> Delete
NAME	OSBURN, FRANK D	
STREET ADDRESS	440 NORTH FIFTH AVE.	
CITY - ST - ZIP	CHAMBERSBURG, PA 17201	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FOLEY, THOMAS	
STREET ADDRESS	440 NORTH FIFTH AVE.	
CITY - ST - ZIP	CHAMBERSBURG, PA 17201	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **Joseph C. Horvath** 3/21/07 717-264-7161  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #