

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northon  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S06009** (2)  
1. Corporation Name  
**CONSOLIDATED BEARINGS COMPANY**

Principal Place of Business Mailing Address  
ATT: MR. BEDERSON  
10 WING DRIVE  
CEDAR KNOLLS NJ 07927  
P. O. BOX 1255  
10 WING DRIVE  
MORRISTOWN NJ 07962  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/15/1990** 3a. Date of Last Report **01/19/1994**  
4. FEI Number **22-1656799** Applied For  Not Applicable   
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Paul Bederson* *Kras* *1/12/95*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEERWARTH, RALPH	1.2 NAME	
STREET ADDRESS	10 WING DRIVE	1.3 STREET ADDRESS	<i>Delete</i>
CITY-ST-ZIP	CEDAR KNOLLS NJ	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEDERSON, PAUL	2.2 NAME	<i>Resident PD</i>
STREET ADDRESS	10 WING DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CEDAR KNOLLS NJ	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEERWARTH, LURENNA	3.2 NAME	
STREET ADDRESS	10 WING DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CEDAR KNOLLS NJ	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Michael U Steiner</i>	4.2 NAME	<i>Michael U Steiner</i>
STREET ADDRESS	<i>125 WORTH AVE SUITE 30</i>	4.3 STREET ADDRESS	<i>105 WORTH AVE, SUITE 310</i>
CITY-ST-ZIP	<i>Palmdale, CA 91354</i>	4.4 CITY-ST-ZIP	<i>Palmdale, CA 91354</i>
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<i>AP 1/23</i>
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an affidavit with an address.

SIGNATURE: *Paul Bederson* *Kras* *1/12/95*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Required if name is