2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007
Secretary of State

DOCUMENT# S06009

Entity Name: CONSOLIDATED BEARINGS COMPANY

Current Principal Place of Business:

10 WING DRIVE
CEDAR KNOLLS, NJ 07927 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1255
MORRISTOWN, NJ 079621255 US

New Mailing Address:

FEI Number: 22-3096133 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	MEERWARTH, LURENNA M CHRM	
Address:	2369 GOLF BROOK DRIVE	
City-St-Zip:	WELLINGTON, FL 33414 US	
Title:	D	( ) Delete
Name:	STERLACCI, MICHAEL V DIR	
Address:	2934 WINDING OAK LANE	
City-St-Zip:	WELLINTON, FL 33414 US	
Title:	PD	( ) Delete
Name:	KUSKIN, GLENN R PRES/D	
Address:	10 WING DRIVE	
City-St-Zip:	CEDAR KNOLLS, NJ 07927 US	
Title:	STD	( ) Delete
Name:	MEERWARTH, TRACY L DIR	
Address:	9 DORSET LANE	
City-St-Zip:	BEDMINSTER, NJ 07921 US	
Title:	D	( ) Delete
Name:	THORNTON, JOHN R DIR	
Address:	PO BOX 111 FOX HUNT ROAD	
City-St-Zip:	NEW VERNON, NJ 07976 US	
Title:	VP	( ) Delete
Name:	MEERWARTH, THOMAS O VP	
Address:	10 WING DRIVE	
City-St-Zip:	CEDAR KNOLLS, NJ 07927 US	

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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 Chapter 119, 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: GLENN R. KUSKIN PRES 01/08/2007

Electronic Signature of Signing Officer or Director — Date