

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S06009

FILED
Mar 24, 2009
Secretary of State

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: STD (X) Change () Addition
Name: MEERWARTH, TRACY L DIR
Address: PO BOX 620
City-St-Zip: NEW VERNON, NJ 07976 US

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 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

03/24/2009

Electronic Signature of Signing Officer or Director

Date