

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S06009

FILED
Jan 13, 2011
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

OFFICERS AND DIRECTORS:

Title: D
Name: MEERWARTH, LURENNA M CHRM
Address: 11 PIPPINS WAY
City-St-Zip: MORRISTOWN, NJ 07960 US

Title: D
Name: STERLACCI, MICHAEL V DIR
Address: 2934 WINDING OAK LANE
City-St-Zip: WELLINTON, FL 33414 US

Title: PD
Name: KUSKIN, GLENN R PRES/D
Address: 10 WING DRIVE
City-St-Zip: CEDAR KNOLLS, NJ 07927 US

Title: STD
Name: MEERWARTH PESTER, TRACY L DIR
Address: PO BOX 620
City-St-Zip: NEW VERNON, NJ 07976 US

Title: D
Name: THORNTON, JOHN R DIR
Address: PO BOX 111 FOX HUNT ROAD
City-St-Zip: NEW VERNON, NJ 07976 US

Title: VP
Name: MEERWARTH, THOMAS O VP
Address: 10 WING DRIVE
City-St-Zip: CEDAR KNOLLS, NJ 07927 US

I hereby 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 all other like empowered.

SIGNATURE: GLENN R. KUSKIN

PRES

01/13/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date