

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M14000000379

Entity Name: GGB BEARING TECHNOLOGY LLC**Current Principal Place of Business:**5605 CARNEGIE BLVD. SUITE 500
CHARLOTTE, NC 28209-4674**Current Mailing Address:**P.O. BOX 189
THOROFARE, NJ 08086 US**FEI Number:** 22-3661977**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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**Authorized Person(s) Detail :**

Title	MANAGER
Name	SWEENEY, SUSAN E
Address	5605 CARNEGIE BLVD. SUITE 500
City-State-Zip:	CHARLOTTE NC 28209-4674

Title	MANAGER
Name	MCLEAN, ROBERT S.
Address	5605 CARNEGIE BLVD. SUITE 500
City-State-Zip:	CHARLOTTE NC 28209-4674

Title	MANAGER
Name	PRICE, THOMAS
Address	5605 CARNEGIE BLVD. SUITE 500
City-State-Zip:	CHARLOTTE NC 28209-4674

Title	SECRETARY
Name	MCLEAN, ROBERT S.
Address	5605 CARNEGIE BLVD. SUITE 500
City-State-Zip:	CHARLOTTE NC 28209-4674

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MCLEAN , ROBERT S.**SECRETARY****05/01/2021**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date