

1.) CORPORATION NAME:

The Timken Company

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI
CORPORATION SERVICE COMPANY
11 S 12TH ST
PO BOX 1463**

RICHMOND, VA 23218

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

OH

DUE DATE: **2/28/2011**

SCC ID NO: **F1064601**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	200,000,000
PREFER	20,000,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1835 DUEBER AVE SW
GNE-12

CITY/ST/ZIP: CANTON, OH 44706-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	WARD J TIMKEN, JR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP/PRES		
ADDRESS:	1835 DUEBER AVE SW		
CITY/ST/ZIP/CO:	CANTON, OH 44706-		
NAME:	SCOTT A SCHERFF	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CORP SEC/AST GC		
ADDRESS:	1835 DUEBER AVE SW		
CITY/ST/ZIP/CO:	CANTON, OH 44706-		
NAME:	JOHN M BALLBACH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1835 DUEBER AVE SW		
CITY/ST/ZIP/CO:	CANTON, OH 44706-		
NAME:	PHILLIP COX	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1835 DUEBER AVE SW		
CITY/ST/ZIP/CO:	CANTON, OH 44706-		
NAME:	JERRY JASINOWSKI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1835 DUEBER AVE SW		
CITY/ST/ZIP/CO:	CANTON, OH 44706-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN LUKE DIRECTOR 1835 DUEBER AVE SW CANTON, OH 44706-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH RALSTON DIRECTOR 1835 DUEBER AVE SW CANTON, OH 44706-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN REILLY DIRECTOR 1835 DUEBER AVE SW CANTON, OH 44706-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRANK SULLIVAN DIRECTOR 1835 DUEBER AVE SW CANTON, OH 44706-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN TIMKEN DIRECTOR 1835 DUEBER AVE SW CANTON, OH 44706-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JACQUELINE WOODS DIRECTOR 1835 DUEBER AVE SW CANTON, OH 44706-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GLENN EISENBERG VICE PRESIDENT 1835 DUEBER AVE SW CANTON, OH 44706-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTOPHER COUGHLIN PRESIDENT 1835 DUEBER AVE SW CANTON, OH 44706-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SALVATORE MIRAGLIA PRESIDENT 1835 DUEBER AVE SW CANTON, OH 44706-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES GRIFFITH PRESIDENT 1835 DUEBER AVE SW CANTON, OH 44706-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: WILLIAM R BURKHART TITLE: PRESIDENT ADDRESS: 1835 DUEBER AVE SW CITY/ST/ZIP/CO: CANTON, OH 44706-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: RICHARD KYLE TITLE: PRESIDENT ADDRESS: 1835 DUEBER AVE SW CITY/ST/ZIP/CO: CANTON, OH 44706-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: TED J MIHAILA TITLE: VICE PRESIDENT ADDRESS: 1835 DUEBER AVE SW CITY/ST/ZIP/CO: CANTON, OH 44706-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ SCOTT A SCHERFF SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SCOTT A SCHERFF, CORP SEC/AST GC PRINTED NAME AND CORPORATE TITLE	2/3/2011 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		