

1.) CORPORATION NAME:

Altra Holdings, Inc.

DUE DATE: **1/31/2012**

SCC ID NO: **F1848680**

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

**AUTH IN VI
CORPORATION SERVICE COMPANY
Bank of America Center, 16th Floor
1111 East Main Street**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	90,000,000
PREFER	10,000,000

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 300 GRANITE STREET
SUITE 201

CITY/ST/ZIP: BRAintree, MA 02184-

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: CARL R CHRISTENSON
TITLE: PRESIDENT
ADDRESS: 300 GRANITE STREET
SUITE 201
CITY/ST/ZIP/CO: BRAintree, MA 02184-

OFFICER

DIRECTOR

NAME: MICHAEL HURT
TITLE: CHAIRMAN
ADDRESS: 300 GRANITE STREET
SUITE 201
CITY/ST/ZIP/CO: BRAintree, MA 02184-

OFFICER

DIRECTOR

NAME: CHRISTIAN STORCH
TITLE: VICE PRESIDENT
ADDRESS: 300 GRANITE STREET
SUITE 201
CITY/ST/ZIP/CO: BRAintree, MA 02184-

OFFICER

DIRECTOR

NAME: CRAIG SCHUELE
TITLE: VICE PRESIDENT
ADDRESS: 300 GRANITE STREET
SUITE 201
CITY/ST/ZIP/CO: BRAintree, MA 02184-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GERALD FERRIS VICE PRESIDENT 300 GRANITE STREET SUITE 201 BRAINTREE, MA 02184-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GLENN DEEGAN VICE PRESIDENT 300 GRANITE STREET SUITE 201 BRAINTREE, MA 02184-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TODD PATRIACCA TREASURER 300 GRANITE STREET SUITE 201 BRAINTREE, MA 02184-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LARRY MCPHERSON DIRECTOR 300 GRANITE STREET SUITE 201 BRAINTREE, MA 02184-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES H. WOODWARD, JR DIRECTOR 300 GRANITE STREET SUITE 201 BRAINTREE, MA 02184-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EDMUND M. CARPENTER DIRECTOR 300 GRANITE STREET SUITE 201 BRAINTREE, MA 02184-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LYLE G. GANSKE DIRECTOR 300 GRANITE STREET SUITE 201 BRAINTREE, MA 02184-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL S. LIPSCUMB DIRECTOR 300 GRANITE STREET SUITE 201 BRAINTREE, MA 02184-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JONATHAN KASDAN ASST SECRETARY 300 GRANITE STREET SUITE 201 BRAINTREE, MA 02184-	<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.

<u>/s/ JONATHAN KASDAN</u>	<u>JONATHAN KASDAN, ASST</u>	<u>1/3/2012</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY PRINTED NAME AND CORPORATE TITLE	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.