

1.) CORPORATION NAME:

Altra Industrial Motion Corp.

DUE DATE: **1/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1848680**

RICHMOND, VA

5.) STOCK INFORMATION

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

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	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	300 GRANITE STREET SUITE 201		
CITY/ST/ZIP/CO:	BRAINTREE, MA 02184		

NAME:	GLENN DEEGAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	300 GRANITE STREET SUITE 201		
CITY/ST/ZIP/CO:	BRAINTREE, MA 02184		

NAME:	GERALD FERRIS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	300 GRANITE STREET SUITE 201		
CITY/ST/ZIP/CO:	BRAINTREE, MA 02184		

NAME:	CRAIG SCHUELE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	300 GRANITE STREET SUITE 201		
CITY/ST/ZIP/CO:	BRAINTREE, MA 02184		

NAME:	CHRISTIAN STORCH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	300 GRANITE STREET SUITE 201		
CITY/ST/ZIP/CO:	BRAINTREE, MA 02184		

NAME: JONATHAN KASDAN TITLE: ASST SECRETARY ADDRESS: 300 GRANITE STREET SUITE 201 CITY/ST/ZIP/CO: BRAINTREE, MA 02184	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: TODD PATRIACCA TITLE: TREASURER ADDRESS: 300 GRANITE STREET SUITE 201 CITY/ST/ZIP/CO: BRAINTREE, MA 02184	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: MICHAEL HURT TITLE: CHAIRMAN ADDRESS: 300 GRANITE STREET SUITE 201 CITY/ST/ZIP/CO: BRAINTREE, MA 02184	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: EDMUND M. CARPENTER TITLE: DIRECTOR ADDRESS: 300 GRANITE STREET SUITE 201 CITY/ST/ZIP/CO: BRAINTREE, MA 02184	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: LYLE G. GANSKE TITLE: DIRECTOR ADDRESS: 300 GRANITE STREET SUITE 201 CITY/ST/ZIP/CO: BRAINTREE, MA 02184	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL S. LIPSCUMB TITLE: DIRECTOR ADDRESS: 300 GRANITE STREET SUITE 201 CITY/ST/ZIP/CO: BRAINTREE, MA 02184	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: LARRY MCPHERSON TITLE: DIRECTOR ADDRESS: 300 GRANITE STREET SUITE 201 CITY/ST/ZIP/CO: BRAINTREE, MA 02184	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES H. WOODWARD, JR TITLE: DIRECTOR ADDRESS: 300 GRANITE STREET SUITE 201 CITY/ST/ZIP/CO: BRAINTREE, MA 02184	<input type="checkbox"/> OFFICER <input checked="" 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/ JONATHAN KASDAN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JONATHAN KASDAN, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE
12/16/2013 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.	