

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90032 011 ***150.00

DOCUMENT # 820133

1. Entity Name

IMO INDUSTRIES INC.

Principal Place of Business

Mailing Address

1009 LENOX DRIVE. BUILDING 4 WEST
 PO BOX 6550
 LAWRENCEVILLE NJ 08648
 US

1009 LENOX DRIVE. BUILDING 4 WEST
 PO BOX 6550
 LAWRENCEVILLE NJ 08648-0550
 US

731640



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

997 Lenox Drive

3. Mailing Address

997 Lenox Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 111

Suite 111

City & State

Lawrenceville, NJ

City & State

Lawrenceville, NJ

4. FEI Number

21-0733751

Applied For

Not Applicable

Zip

Country

08648

USA

Zip

Country

08648

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CEO <input type="checkbox"/> Delete	TITLE	CEO & President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNISELY, PHILIP	NAME	
STREET ADDRESS	1009 LENOX DR., BLDG. 4 WEST	STREET ADDRESS	997 Lenox Drive, Suite 111
CITY-ST-ZIP	LAWRENCETON NJ 08648	CITY-ST-ZIP	Lawrenceville, NJ 08648
TITLE	VTS <input type="checkbox"/> Delete	TITLE	V/P, Treasurer & Asst. Sec. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, JOHN A	NAME	
STREET ADDRESS	1009 LENOX DR., BLDG. 4 WEST	STREET ADDRESS	997 Lenox Drive, Suite 111
CITY-ST-ZIP	LAWRENCETON NJ 08648	CITY-ST-ZIP	Lawrenceville, NJ 08648
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYAN, MICHAEL G	NAME	
STREET ADDRESS	1009 LENOX DR., BLDG. 4 WEST	STREET ADDRESS	997 Lenox Drive, Suite 111
CITY-ST-ZIP	LAWRENCETON NJ 08648	CITY-ST-ZIP	Lawrenceville, NJ 08648
TITLE	VPS <input type="checkbox"/> Delete	TITLE	Asst. Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUNTING, JOSEPH O III	NAME	
STREET ADDRESS	1009 LENOX DR., BLDG. 4 WEST	STREET ADDRESS	997 Lenox Drive, Suite 111
CITY-ST-ZIP	LAWRENCETON NJ 08648	CITY-ST-ZIP	Lawrenceville, NJ 08648
TITLE	VP <input type="checkbox"/> Delete	TITLE	V/P-Law & Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BRIEN, THOMAS M	NAME	
STREET ADDRESS	1009 LENOX DR., BLDG. 4 WEST	STREET ADDRESS	997 Lenox Drive, Suite 111
CITY-ST-ZIP	LAWRENCETON NJ 08648	CITY-ST-ZIP	Lawrenceville, NJ 08648
TITLE	C <input type="checkbox"/> Delete	TITLE	Corporate Controller <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAISON, G. SCOTT	NAME	
STREET ADDRESS	1009 LENOX DR., BLDG. 4 WEST	STREET ADDRESS	997 Lenox Drive, Suite 111
CITY-ST-ZIP	LAWRENCETON NJ 08648	CITY-ST-ZIP	Lawrenceville, NJ 08648

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-00

Date

609-896-7615

Daytime Phone #