

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90117 033 \*\*\*150.00

**DOCUMENT # 820133**

1. Entity Name  
**IMO INDUSTRIES INC.**

Principal Place of Business <b>997 LENOX DR.          STE 111          LAWRENCEVILLE NJ 08648          US</b>	Mailing Address <b>997 LENOX DR.          STE 111          LAWRENCEVILLE NJ 08648          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>21-0733751</b>		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>CORPORATION SERVICE COMPANY          1201 HAYS STREET          TALLAHASSEE FL 32301</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		<b>FL</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO</b> <b>KNISELY, PHILIP</b> <b>1009 LENOX DR., BLDG. 4 WEST</b> <b>LAWRENCETON NJ 08648</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Chairman of the Board</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Philip W. Knisely</b> <b>997 Lenox Dr. Ste. 111</b> <b>Lawrenceville, NJ 08648</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTS</b> <b>YOUNG, JOHN A</b> <b>1009 LENOX DR., BLDG. 4 WEST</b> <b>LAWRENCETON NJ 08648</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President + COO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>John A. Young</b> <b>997 Lenox Dr., Ste. 111</b> <b>Lawrenceville, NJ 08648</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>RYAN, MICHAEL G</b> <b>1009 LENOX DR., BLDG. 4 WEST</b> <b>LAWRENCETON NJ 08648</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VIP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Michael G. Ryan</b> <b>997 Lenox Dr., Ste. 111</b> <b>Lawrenceville, NJ 08648</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS</b> <b>BUNTING, JOSEPH O III</b> <b>1009 LENOX DR., BLDG. 4 WEST</b> <b>LAWRENCETON NJ 08648</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VIP + Assst - Sec.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Joseph O. Bunting III</b> <b>997 Lenox Dr., Ste. 111</b> <b>Lawrenceville, NJ 08648</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>O'BRIEN, THOMAS M</b> <b>1009 LENOX DR., BLDG. 4 WEST</b> <b>LAWRENCETON NJ 08648</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VIP, General Counsel + Sec.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Thomas O. Brien</b> <b>997 Lenox Dr., Ste. 111</b> <b>Lawrenceville, NJ 08648</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>FAISON, G. SCOTT</b> <b>1009 LENOX DR., BLDG. 4 WEST</b> <b>LAWRENCETON NJ 08648</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VIP, CFO + Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>G. Scott Faison</b> <b>997 Lenox Dr., Ste. 111</b> <b>Lawrenceville, NJ 08648</b>

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: Thomas O'Brien **Thomas O'Brien** 4/23/01 609-876-7615  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)