

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 820133

FILED
Apr 29, 2005
Secretary of State

Entity Name: IMO INDUSTRIES INC.

Current Principal Place of Business:

997 LENOX DR.
STE 111
LAWRENCEVILLE, NJ 08648 US

New Principal Place of Business:

993 LENOX DR.
STE 200
LAWRENCEVILLE, NJ 08648 US

Current Mailing Address:

997 LENOX DR.
STE 111
LAWRENCEVILLE, NJ 08648 US

New Mailing Address:

993 LENOX DR.
STE 200
LAWRENCEVILLE, NJ 08648 US

FEI Number: 21-0733751

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: COB () Delete
Name: KNISELY, PHILIP
Address: 8730 STONY POINT PKWY STE 150
City-St-Zip: RICHMOND, VA 23235

Title: PCOO () Delete
Name: YOUNG, JOHN A
Address: 8730 STONY POINT PKWY STE 150
City-St-Zip: RICHMOND, VA 23235

Title: VP () Delete
Name: RYAN, MICHAEL G
Address: 2099 PENNSYLVANIA AVE NW 12TH FL
City-St-Zip: WASHINGTON, DC 20006

Title: VAS () Delete
Name: BUNTING, JOSEPH O III
Address: 2099 PENNSYLVANIA AVE NW 12TH FL
City-St-Zip: WASHINGTON, DC 20006

Title: VGCS () Delete
Name: O'BRIEN, THOMAS M
Address: 997 LENOX DR, STE 111
City-St-Zip: LAWRENCEVILLE, NJ 08648

Title: VCFO () Delete
Name: FAISON, G. SCOTT
Address: 8730 STONY POINT PKWY STE 150
City-St-Zip: RICHMOND, VA 23235

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VGCS (X) Change () Addition
Name: O'BRIEN, THOMAS M
Address: 993 LENOX DR, STE 200
City-St-Zip: LAWRENCEVILLE, NJ 08648

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRACI BENISH

AS

04/29/2005

Electronic Signature of Signing Officer or Director

_____ Date