


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90451 012 \*\*\*150.00

**DOCUMENT # 820133**

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



Principal Place of Business  
**993 LENOX DR.  
 STE 200  
 LAWRENCEVILLE, NJ 08648 US**

Mailing Address  
**993 LENOX DR.  
 STE 200  
 LAWRENCEVILLE, NJ 08648 US**

*60051613*



2. Principal Place of Business  
*242 Princeton Ave.*

3. Mailing Address  
*242 Princeton Ave.*

Suite, Apt. #, etc.  
*Ste. 111*

04242006 Chg-P CR2E034 (11/05)

City & State  
*Hamilton Township NJ*

City & State  
*Hamilton Township NJ*

Zip Country  
*08619 US*

Zip Country  
*08619 US*

4. FEI Number  
**21-0733751**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS                     |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |  |
|--|--|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | COB<br>KNISELY, PHILIP<br>8730 STONY POINT PKWY STE 150<br>RICHMOND, VA 23235            | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <i>See attached listing</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PCOO<br>YOUNG, JOHN A<br>8730 STONY POINT PKWY STE 150<br>RICHMOND, VA 23235             | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <i>PCED</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>RYAN, MICHAEL G<br>2099 PENNSYLVANIA AVE NW 12TH FL<br>WASHINGTON, DC 20006        | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VAS<br>BUNTING, JOSEPH O III<br>2099 PENNSYLVANIA AVE NW 12TH FL<br>WASHINGTON, DC 20006 | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VGCS<br>O'BRIEN, THOMAS M<br>993 LENOX DR, STE 200<br>LAWRENCEVILLE, NJ 08648            | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <i>SVP, CC, S</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><i>242 Princeton Ave, Ste 111<br/>Hamilton Township, NJ 08619</i> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VCFO<br>FAISON, G. SCOTT<br>8730 STONY POINT PKWY STE 150<br>RICHMOND, VA 23235          | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <i>SVP, CFO</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William Flexin* *William Flexin* *4/28/06* *801-327-5647*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**ATTACHMENT**

60031615

# 820133

Imo Industries, Inc.

| <b>Title</b>                             | <b>Officers</b>        | <b>Business Address</b>                                     |
|--|------------------------|---|
| President & CEO                          | John A. Young          | 8730 Stony Point Pkwy., Ste 150<br>Richmond, VA 23235       |
| Senior V/P, Gen Counsel<br>and Secretary | Thomas M. O'Brien      | 242 Princeton Ave., Ste. 111<br>Hamilton Township, NJ 08619 |
| Senior V/P & CFO                         | G. Scott Faison        | 8730 Stony Point Pkwy., Ste 150<br>Richmond, VA 23235       |
| Senior V/P, Human Resources              | Steven W. Weidenmuller | 8730 Stony Point Pkwy., Ste 150<br>Richmond, VA 23235       |
| Vice President, Taxes                    | William Flexon         | 8730 Stony Point Pkwy., Ste 150<br>Richmond, VA 23235       |
| Vice President & Asst. Secretary         | Joseph O. Bunting, III | 2099 Pennsylvania Ave. NW, 12th Fl.<br>Washington, DC 20006 |
| Vice President                           | Michael G. Ryan        | 2099 Pennsylvania Ave. NW, 12th Fl.<br>Washington, DC 20006 |
| Controller                               | Douglas A. Sulanke     | 8730 Stony Point Pkwy., Ste 150<br>Richmond, VA 23235       |
| Assistant Secretary                      | Traci Benish           | 242 Princeton Ave., Ste. 111<br>Hamilton Township, NJ 08619 |

**Directors****Business Address**

|                   |   |
|-------------------|---|
| Mitchell P. Rales | 2099 Pennsylvania Ave. NW, 12th Fl.<br>Washington, DC 20006 |
| Steven M. Rales   | 2099 Pennsylvania Ave. NW, 12th Fl.<br>Washington, DC 20006 |
| Neil D. Cohen     | 2099 Pennsylvania Ave. NW, 12th Fl.<br>Washington, DC 20006 |