

820133

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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RE-SUBMIT
Please retain original filing date of submission 8/31

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19 AUG 31 AM 10:29
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TALLAHASSEE FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please

Email Address: _____

REGISTERED AGENT CHANGE
IMO INDUSTRIES INC.

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$35.00

ATTN: Carol
Mustain

Electronic Filing Menu Corporate Filing Menu

Handwritten signature
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SEP - 5 2012

T. LEWIS

8/31/2012



August 31, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

IMO INDUSTRIES INC.
3525 QUAKER BRIDGE RD.
SUITE 912
HAMILTON TOWNSHIP, NJ 08619US

SUBJECT: IMO INDUSTRIES INC.
REF: 820133

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please use the correct form to change the Registered Agent for a Florida Corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carol Mustain
Regulatory Specialist II

FAX Aud. #: H12000217311
Letter Number: 612A00022287

RECEIVED
12 SEP -4 AM 8:01
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: IMO INDUSTRIES INC.
Name of Corporation

DOCUMENT NUMBER: 820133

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Name of Contact Person

Firm/Company

Address

City/State and Zip Code

terri.jaffe@colfaxcorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ at (_____) _____
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: IMO INDUSTRIES INC.
- 2. The principal office address: 3525 Quaker Bridge Rd. Suite 912 Hamilton Township, NJ 08619
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 12/27/1966 Document number: 820133

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CORPORATION SERVICE COMPANY
1201 HAYS STREET TALLAHASSEE FL 32301-2525

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road Plantation,
P.O. Box NOT acceptable
Florida 33324

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TALLAHASSEE FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Sharlin Aldao Signature of an officer or director
Sharlin Aldao, Vice President Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: Kristen Bolden Signature of Registered Agent
9/4/2012 Date

Kristen Bolden, Assistant Secretary
If signing on behalf of an entity:

Typod or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)