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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # P32961 (5) BORG-WARNER INFORMATION SERVICES, INC.								
Principal Place	of Business	Mailing Address				0140 1446 1 044		
2 CAMPUS DR 200 S. MICHIGAN PARISIPPANY NJ 07054 CHICAGO IL 60604								
					 Date Incorporated or Qualified 02/25/1991 		e of Last F 04/11/1	
Principal Place of Business		2a. Mailing Address			4. FEI Number	4. FEI Number		Applied For
Suite, Apt. #, etc.		26 Suite, Apt. #,	etc.		95-2642188		60.7	Not Applicable
		27		5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		City & State			6. Election Campaign Financing		\$5.0)0 May Be
Zip	Country	28	Co	untry	Trust Fund Contribution 8. This corporation has liability fo			ed to Fees
4	25	29	30	,		x≀ntangibie t es ∷DNo	ax under s	199.032,
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New	Registered	Agent	
OT OO	DDODATION OVOYEN			81 Name				
	RPORATION SYSTEM . PINE ISLAND ROAD		82 Street Add		Address (P.O. Box Number is Not Accepta	able)	 +	
	ATION FL 33324			83		· · · · · · · · · · · · · · · · · · ·		
				24 0				
				- 			85 Z	ıp Code
1. Pursuant to or registere familiar with	to the provisions of Sections 607.05 ed agent, or both, in the State of Sections of Sec	i02 and 607.1508, Florida orida. Such change was a	Statutes, the ab- uthorized by the	1 1	rporation submits this statement for the proporation of directors. I hereby accept the appropriate the spirits and the spirits are supported by the spirits are s	urpose of cha pointment as	anging its registered	registered offic d agent. I am
GNATURE _	Signature, typed or printed name of registered as	ent and the if applicable	(NOTE: Registere	ove-named concorporation's t	rporation submits this statement for the proporation submits this statement for the proporation of directors. I hereby accept the appropriate of the proporation of t	urpose of chapointment as		
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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 Stalutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

MAME OF PROPRIES OFFICE POR DIRECTOR DESCRIPTION OF SIGNATURE: Luana W