

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P32961 (5)

1. Corporation Name

BORG-WARNER INFORMATION SERVICES, INC.

Principal Place of Business

2 CAMPUS DR
PARISIPPANY NJ 07054
US

Mailing Address

200 S. MICHIGAN AVE.
CHICAGO IL 60604



3. Date Incorporated or Qualified

02/25/1991

3a. Date of Last Report

04/11/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number

95-2642188

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME
PD
AUGUSTINE, JOSEPH P.
STREET ADDRESS
TWO CAMPUS DRIVE
CITY- ST- ZIP
PARISIPPANY NJ

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME
V
WOOD, TIMOTHY M
STREET ADDRESS
200 S. MICHIGAN AVE.
CITY- ST- ZIP
CHICAGO IL

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE ☐ DELETE

3.1 TITLE ☒ Change ☐ Addition

NAME
AT
FARRELL, NEAL F
STREET ADDRESS
780 FIFTH AVE.
CITY- ST- ZIP
KING OF PRUSSIA PA

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
AS
BLIGH, DIANA W
STREET ADDRESS
200 S. MICHIGAN AVE.
CITY- ST- ZIP
CHICAGO IL

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
AT
VELDMAN, SCOTT R
STREET ADDRESS
200 S MICHIGAN AVE
CITY- ST- ZIP
CHICAGO IL

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE ☐ DELETE

6.1 TITLE ☒ Change ☐ Addition

NAME
AT
BOLLINGER, CRAIG J.
STREET ADDRESS
200 S MICHIGAN AVE
CITY- ST- ZIP
CHICAGO IL

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

SECRETARY
LEWIS, EDWIN L.
300 S. MICHIGAN AVE.
CHICAGO, IL 60604

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-96

312 322-8735

CR2E034 (12/95)