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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

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Apr 09 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997 DOCUMENT # P32961

(5)

BORG-WARNER INFORMATION SERVICES, INC.

	e of Business	Mailing Address					
2 CAMPUS DR PARISIPPANY I		200 S. MICHIGAN AVE. CHICAGO IL 60804-2402					
US	W 01007	VIIIVIIOO (III 4400   III 161					
					3. Date incorporated or Qualified 02/25/1991	3a. Date of 05/01/1	
2. Principal P	hane of Business	2a. Mailing Address			4. FEI Number		Applied Fo
1		26]			95-2642188		Not Applic
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	1,1	<b>8.75</b> Additional Fee Required
2 City & State	ic:	City & State		***************************************	6. Election Campaign Financing		5.00 May Be
3]		28			Trust Fund Contribution		Added to Fees
Zip	Country	Zip	Cot	ntry	8. This corporation has liability for		
1	25	29	30			Yes 🗌 No	
	9. Name and Address of Curre	int Hegistered Agent		81 Name	10. Name and Address of New R	egistered Agen	<u> </u>
	CORPORATION SYSTEM			Name			
	O S. PINE ISLAND ROAD			82 Street Add	dress (P.O. Box Number is Not Accepta	able)	
PLA	INTATION FL 33324			B3		<del> </del>	
				<b>B4</b> City		FL 85	Zip Code
H. Pureticut	to the provisions of Sections EQ7 OF	02 and 607 1508. Florida Stat	utes the a	nove-named cor	rporation submits this statement for the		naina its reaist
office or r	registered agent, or both, in the Stat	le of Florida. Such change was	s authorize	d by the corpora	ation's board of directors. I hereby according	ept the appointm	nent as register
agent La	am familiar with, and accept the obli	gations of, Section 607.0505, F	riorida Sia	utes.			
SIGNATURE							
	Star at me twent or builded name of recestered a	post and the if applicable (NC	DTE. Registere	d Agent signature requ	uired when reinstating)	DATE	
	Stgrastine typical or publical name of registered a OFFICERS A	gent and the if applicable (NO ND DIRECTORS	DTE. Registere	d Agent signature requ	ulred when reinstating) ADDITIONS/CHANGES TO OFF		ECTORS IN 12
12.						ICERS AND DIR	RECTORS IN 12 Change
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12. BITCE NAME STHEEL AUORESS CITY - \$1 - 70° DITCE NAME	PD AUGUSTINE, JOSEPH P. TWO CAMPUS DRIVE PARSIPANY NJ V WOOD, TIMOTHY M 200 S. MICHIGAN AVE.	NO DIRECTORS	13. 1.1 Ti 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N	TILE  AME  PREET ADDRESS  TY - ST - ZIP  TILE		ICERS AND DIR	Change Ad
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Days HE Flore?