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Apr 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 60604-2402

3. Date Incorporated or Qualified 02/25/1991	3a. Date of Last Report 05/01/1996
4. FEI Number 95-2642188	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUGUSTINE, JOSEPH P.	1.2 NAME	
STREET ADDRESS	TWO CAMPUS DRIVE	1.3 STREET ADDRESS	
CITY- ST- ZIP	PARSIPPANY NJ	1.4 CITY- ST- ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, TIMOTHY M	2.2 NAME	
STREET ADDRESS	200 S. MICHIGAN AVE.	2.3 STREET ADDRESS	
CITY- ST- ZIP	CHICAGO IL	2.4 CITY- ST- ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEYERT, ROBERT W.	3.2 NAME	
STREET ADDRESS	TWO CAMPUS DRIVE	3.3 STREET ADDRESS	
CITY- ST- ZIP	PARSIPPANY NJ	3.4 CITY- ST- ZIP	
TITLE	AS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLIGH, DIANA W	4.2 NAME	
STREET ADDRESS	200 S. MICHIGAN AVE.	4.3 STREET ADDRESS	
CITY- ST- ZIP	CHICAGO IL	4.4 CITY- ST- ZIP	
TITLE	AT	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VELDMAN, SCOTT R	5.2 NAME	
STREET ADDRESS	200 S MICHIGAN AVE	5.3 STREET ADDRESS	
CITY- ST- ZIP	CHICAGO IL	5.4 CITY- ST- ZIP	
TITLE	S	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, EDWIN L.	6.2 NAME	
STREET ADDRESS	200 S. MICHIGAN AVENUE	6.3 STREET ADDRESS	
CITY- ST- ZIP	CHICAGO IL	6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Diana W. Bligh Diana W. Bligh 3/31/97 312 322-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)