

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 21, 1999 8:00 am
Secretary of State

07-21-1999 90009 024 ***550.00

DOCUMENT # P32961

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/25/1991

4. FEI Number

95-2642188

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

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

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME MCNULTY, JAMES. F. II
1.3 STREET ADDRESS 231 WARWICK RD
1.4 CITY-ST-ZIP LAKE FOREST, IL 60045

TITLE V ☐ DELETE

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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE V ☐ DELETE

NAME HEYERT, ROBERT W.
STREET ADDRESS TWO CAMPUS DRIVE
CITY-ST-ZIP PARSIPPANY NJ

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE AS ☐ DELETE

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

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE T ☐ DELETE

NAME COOPER, BRIAN S
STREET ADDRESS 200 S MICHIGAN AVE
CITY-ST-ZIP CHICAGO IL 60604

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE S ☐ DELETE

NAME LEWIS, EDWIN L.
STREET ADDRESS 200 S. MICHIGAN AVENUE
CITY-ST-ZIP CHICAGO IL

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME LACKEY, ROBERT, F. T.
6.3 STREET ADDRESS 1907 BUCKINGHAM RD
6.4 CITY-ST-ZIP MUNDELEIN IL 60060

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE: DIANA W. BLIGH

DIANA W. BLIGH 7-14-99

312-322-8735

Date

Daytime Phone #

CR2E034 (1/98)