


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # 820133
 1. Entity Name
 IMO INDUSTRIES INC.



Principal Place of Business 997 LENOX DR. STE 111 LAWRENCEVILLE, NJ 08648 US	Mailing Address 997 LENOX DR. STE 111 LAWRENCEVILLE, NJ 08648 US
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04282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 21-0733751	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000152550
 05/04/04 00091 001 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB KNISELY, PHILIP 8730 STONY POINT PKWY STE 150 RICHMOND, VA 23235
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO YOUNG, JOHN A 8730 STONY POINT PKWY STE 150 RICHMOND, VA 23235
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RYAN, MICHAEL G 2099 PENNSYLVANIA AVE NW 12TH FL WASHINGTON, DC 20006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS BUNTING, JOSEPH O III 2099 PENNSYLVANIA AVE NW 12TH FL WASHINGTON, DC 20006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VGCS O'BRIEN, THOMAS M 997 LENOX DR, STE 111 LAWRENCEVILLE, NJ 08648
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO FAISON, G. SCOTT 8730 STONY POINT PKWY STE 150 RICHMOND, VA 23235

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Scott Faison 4/28/04 609-896-7615
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #