

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **820133** (7)
1. Corporation Name
IMO INDUSTRIES INC.



Principal Place of Business: **1009 LENOX DRIVE PO BOX 6550 LAWRENCEVILLE NJ 08648 US**
Mailing Address: **1009 LENOX DRIVE PO BOX 6550 LAWRENCEVILLE NJ 08648 US**

3. Date Incorporated or Qualified: **12/27/1966**
3a. Date of Last Report: **04/26/1995**
4. FE: Number: **21-0733751**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

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: _____ DATE: _____
Signature and Typed or Printed Name of Registered Agent: _____ Date of Filing: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARRAR, DONALD,	1.2 NAME	
STREET ADDRESS	1009 LENOX DRIVE	1.3 STREET ADDRESS	
CITY- ST- ZIP	LAWRENCETON NJ	1.4 CITY- ST- ZIP	
TITLE	EVP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIRD, T.J.	2.2 NAME	
STREET ADDRESS	1211 KAREN LANE	2.3 STREET ADDRESS	
CITY- ST- ZIP	RADNOR PA	2.4 CITY- ST- ZIP	
TITLE	CFO	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, WILLIAM M.,	3.2 NAME	
STREET ADDRESS	16 DEERFIELD DR.	3.3 STREET ADDRESS	
CITY- ST- ZIP	LAWRENCEVILLE NJ 08648	3.4 CITY- ST- ZIP	
TITLE	EVP	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ATTAWAY, J.D.,	4.2 NAME	
STREET ADDRESS	3505 SANDEE LANE	4.3 STREET ADDRESS	V/D WOITDOWICZ, F.W. 46 Columbine Circle Newtown, PA 18940
CITY- ST- ZIP	GARLAND TX 75043	4.4 CITY- ST- ZIP	
TITLE	EVP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARR, J.J.	5.2 NAME	
STREET ADDRESS	901 HUNT DR.	5.3 STREET ADDRESS	
CITY- ST- ZIP	YARDLEY PA 19067	5.4 CITY- ST- ZIP	
TITLE	M	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, BRIAN	6.2 NAME	
STREET ADDRESS	148A MARYLEBONE ROAD	6.3 STREET ADDRESS	
CITY- ST- ZIP	LONDON NW1 6JZ	6.4 CITY- ST- ZIP	

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: *Frederick Waitowicz*
SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR
Frederick Waitowicz

(609)896-7600
Date of Filing

CR2E034 (12/95)