

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

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**May 06 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 08648-0550 US
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified 12/27/1966	3a. Date of Last Report 04/23/1996
4. FEI Number 21-0733751	Applied For <input type="checkbox"/> Not Applicable
6. 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	

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

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	FARRAR, DONALD,	
STREET ADDRESS	1009 LENOX DRIVE	
CITY - ST - ZIP	LAWRENCEVILLE NJ	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	BIRD, T.J.	
STREET ADDRESS	1211 KAREN LANE	
CITY - ST - ZIP	RADNOR PA	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	BROWN, WILLIAM M.,	
STREET ADDRESS	18 DEERFIELD DR.	
CITY - ST - ZIP	LAWRENCEVILLE NJ 08648	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WOJTCWICZ, F.W.	
STREET ADDRESS	46 COLUMBINE CIRCLE	
CITY - ST - ZIP	NEWTOWN PA	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	CARR, J.J.	
STREET ADDRESS	901 HUNT DR.	
CITY - ST - ZIP	YARDLEY PA 19067	
TITLE	M	<input checked="" type="checkbox"/> DELETE
NAME	LEWIS, BRIAN	
STREET ADDRESS	148A MARYLEBONE ROAD	
CITY - ST - ZIP	LONDON NW1 6JZ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Donald N. Rosenberg
6.3 STREET ADDRESS	2113 Kaitlyn
6.4 CITY - ST - ZIP	Lawrenceville, NJ 08648

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: FREDERICK WOJTCWICZ (609) 896-7600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **FREDERICK WOJTCWICZ** Date: _____ Daytime Phone #: _____

CR2E034 (9/96)