

35-98 B-2877 C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 LAWRENCEVILLE NJ 08648 US	Mailing Address 1009 LENOX DRIVE LAWRENCEVILLE NJ 08648 US
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 12/27/1966		
4. FEI Number 21-0733751	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <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

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 checked="" type="checkbox"/> DELETE
NAME	FARRAR, DONALD,	
STREET ADDRESS	1009 LENOX DRIVE	
CITY-ST-ZIP	LAWRENCEVILLE NJ	
TITLE	EVP	<input checked="" type="checkbox"/> DELETE
NAME	BIRD, T.J.	
STREET ADDRESS	1211 KAREN LANE	
CITY-ST-ZIP	RADNOR PA	
TITLE	CFO	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, WILLIAM M.,	
STREET ADDRESS	16 DEERFIELD DR.	
CITY-ST-ZIP	LAWRENCEVILLE NJ 08648	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WOJTOWICZ, F.W.	
STREET ADDRESS	48 COLUMBINE CIRCLE	
CITY-ST-ZIP	NEWTOWN PA	
TITLE	EVP	<input checked="" type="checkbox"/> DELETE
NAME	CARR, J.J.	
STREET ADDRESS	901 HUNT DR.	
CITY-ST-ZIP	YARDLEY PA 19087	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	ROSENBERG, DONALD N	
STREET ADDRESS	2113 KAITLYN	
CITY-ST-ZIP	LAWRENCEVILLE NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Philip W. Knisely-CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	1009 Lenox Dr.	
1.4 CITY-ST-ZIP	Lawrenceville, N.J. 08648	
2.1 TITLE	V/P & Asst. Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	John A. Young	
2.3 STREET ADDRESS	1009 Lenox Dr.	
2.4 CITY-ST-ZIP	Lawrenceville, N.J. 08648	
3.1 TITLE	V/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Michael G. Ryan	
3.3 STREET ADDRESS	1009 Lenox Dr.	
3.4 CITY-ST-ZIP	Lawrenceville, N.J. 08648	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	V/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Joseph O. Bunting, III	
4.3 STREET ADDRESS	1009 Lenox Dr. Lawrenceville, N.J.	
4.4 CITY-ST-ZIP	08648	
5.1 TITLE	Asst. Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Tom M. O'Brien	
5.3 STREET ADDRESS	1009 Lenox Dr.	
5.4 CITY-ST-ZIP	Lawrenceville, N.J. 08648	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

CR2E034 (10/97)

10 Bunting III *2-27-98*