

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

**FILED**  
**Apr 19, 1999 8:00 am**  
**Secretary of State**

04-19-1999 90130 036 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # 820133**

1. Corporation Name  
**IMO INDUSTRIES INC.**



DO NOT WRITE IN THIS SPACE

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**

4. FEI Number  
**21-0733751**

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  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24 25

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29 30

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 **Corporation Service Company**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**1201 Hays Street**  
 83  
 84 City **Tallahassee** **FL** 85 Zip Code **32301**

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 *(Already Filed Change of agent form)*  
 Signature, typed or printed name of registered agent and title if applicable. (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	LAWRENCETON 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	16 DEERFIELD DR.	
CITY-ST-ZIP	LAWRENCEVILLE NJ 08648	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WOJTOWICZ, 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	V	<input 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	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Philip W. Knisely	
1.3 STREET ADDRESS	1009 Lenox Dr., Bldg. 4 West	
1.4 CITY-ST-ZIP	Lawrenceville, N.J. 08648	
2.1 TITLE	V/P, Treasurer & Asst. Sec	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	John A. Young	
2.3 STREET ADDRESS	1009 Lenox Dr., Bldg. 4 West	
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., Bldg. 4 West	
3.4 CITY-ST-ZIP	Lawrenceville, N.J. 08648	
4.1 TITLE	V/P & Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Joseph O. Bunting, III	
4.3 STREET ADDRESS	1009 Lenox Dr., Bldg. 4 West	
4.4 CITY-ST-ZIP	Lawrenceville, N.J. 08648	
5.1 TITLE	V/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Thomas M. O'Brien	
5.3 STREET ADDRESS	1009 Lenox Dr., Bldg. 4 West	
5.4 CITY-ST-ZIP	Lawrenceville, N.J. 08648	
6.1 TITLE	G. Scott Faison-Controller	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	1009 Lenox Dr., Bldg. 4 West	
6.4 CITY-ST-ZIP	Lawrenceville, N.J. 08648	

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: *Thomas O'Brien* Date: **4-14-99** Daytime Phone #: **609-896-7615**

CR2E034(1/198)