

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90032 011 \*\*\*150.00

**DOCUMENT # 820133**

1. Entity Name

**IMO INDUSTRIES INC.**

Principal Place of Business

Mailing Address

1009 LENOX DRIVE, BUILDING 4 WEST  
 PO BOX 6550  
 LAWRENCEVILLE NJ 08648  
 US

1009 LENOX DRIVE, BUILDING 4 WEST  
 PO BOX 6550  
 LAWRENCEVILLE NJ 08648-0550  
 US

**731640**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**997 Lenox Drive**

3. Mailing Address

**997 Lenox Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 111**

**Suite 111**

City & State

**Lawrenceville, NJ**

City & State

**Lawrenceville, NJ**

4. FEI Number

**21-0733751**

Applied For

Not Applicable

Zip

Country

**08648**

**USA**

Zip

Country

**08648**

**USA**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CEO <input type="checkbox"/> Delete	TITLE	CEO & President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNISELY, PHILIP	NAME	
STREET ADDRESS	1009 LENOX DR., BLDG. 4 WEST	STREET ADDRESS	997 Lenox Drive, Suite 111
CITY-ST-ZIP	LAWRENCETON NJ 08648	CITY-ST-ZIP	Lawrenceville, NJ 08648
TITLE	VTS <input type="checkbox"/> Delete	TITLE	V/P, Treasurer & Asst. Sec. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, JOHN A	NAME	
STREET ADDRESS	1009 LENOX DR., BLDG. 4 WEST	STREET ADDRESS	997 Lenox Drive, Suite 111
CITY-ST-ZIP	LAWRENCETON NJ 08648	CITY-ST-ZIP	Lawrenceville, NJ 08648
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYAN, MICHAEL G	NAME	
STREET ADDRESS	1009 LENOX DR., BLDG. 4 WEST	STREET ADDRESS	997 Lenox Drive, Suite 111
CITY-ST-ZIP	LAWRENCETON NJ 08648	CITY-ST-ZIP	Lawrenceville, NJ 08648
TITLE	VPS <input type="checkbox"/> Delete	TITLE	Asst. Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUNTING, JOSEPH O III	NAME	
STREET ADDRESS	1009 LENOX DR., BLDG. 4 WEST	STREET ADDRESS	997 Lenox Drive, Suite 111
CITY-ST-ZIP	LAWRENCETON NJ 08648	CITY-ST-ZIP	Lawrenceville, NJ 08648
TITLE	VP <input type="checkbox"/> Delete	TITLE	V/P-Law & Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BRIEN, THOMAS M	NAME	
STREET ADDRESS	1009 LENOX DR., BLDG. 4 WEST	STREET ADDRESS	997 Lenox Drive, Suite 111
CITY-ST-ZIP	LAWRENCETON NJ 08648	CITY-ST-ZIP	Lawrenceville, NJ 08648
TITLE	C <input type="checkbox"/> Delete	TITLE	Corporate Controller <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAISON, G. SCOTT	NAME	
STREET ADDRESS	1009 LENOX DR., BLDG. 4 WEST	STREET ADDRESS	997 Lenox Drive, Suite 111
CITY-ST-ZIP	LAWRENCETON NJ 08648	CITY-ST-ZIP	Lawrenceville, NJ 08648

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-00

Date

609-896-7615

Daytime Phone #