

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90117 033 ***150.00

DOCUMENT # 820133

1. Entity Name
IMO INDUSTRIES INC.

Principal Place of Business 997 LENOX DR. STE 111 LAWRENCEVILLE NJ 08648 US	Mailing Address 997 LENOX DR. STE 111 LAWRENCEVILLE NJ 08648 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 21-0733751		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

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	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO KNISELY, PHILIP 1009 LENOX DR., BLDG. 4 WEST LAWRENCETON NJ 08648	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman of the Board <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Philip W. Knisely 997 Lenox Dr., Ste. 111 Lawrenceville, NJ 08648
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS YOUNG, JOHN A 1009 LENOX DR., BLDG. 4 WEST LAWRENCETON NJ 08648	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President + COO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition John A. Young 997 Lenox Dr., Ste. 111 Lawrenceville, NJ 08648
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RYAN, MICHAEL G 1009 LENOX DR., BLDG. 4 WEST LAWRENCETON NJ 08648	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Michael G. Ryan 997 Lenox Dr., Ste. 111 Lawrenceville, NJ 08648
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS BUNTING, JOSEPH O III 1009 LENOX DR., BLDG. 4 WEST LAWRENCETON NJ 08648	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VIP + Assst - Sec. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Joseph O. Bunting III 997 Lenox Dr., Ste. 111 Lawrenceville, NJ 08648
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP O'BRIEN, THOMAS M 1009 LENOX DR., BLDG. 4 WEST LAWRENCETON NJ 08648	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VIP, General Counsel + Sec. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Thomas O. Brien 997 Lenox Dr., Ste. 111 Lawrenceville, NJ 08648
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C FAISON, G. SCOTT 1009 LENOX DR., BLDG. 4 WEST LAWRENCETON NJ 08648	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VIP, CFO + Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition G. Scott Faison 997 Lenox Dr., Ste. 111 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: Thomas O'Brien **Thomas O'Brien** 4/23/01 609-876-7615
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)