

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91287 020 ***150.00

0619403 AI

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

21-0733751

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



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, 2002 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
CEO	KNISELY, PHILIP	997 LENOX DR, STE 111	LAWRENCETON NJ 08648	<input type="checkbox"/>
VTS	YOUNG, JOHN A	997 LENOX DR, STE 111	LAWRENCETON NJ 08648	<input type="checkbox"/>
VP	RYAN, MICHAEL G	997 LENOX DR, STE 111	LAWRENCETON NJ 08648	<input type="checkbox"/>
VPS	BUNTING, JOSEPH O III	997 LENOX DR, STE 111	LAWRENCETON NJ 08648	<input type="checkbox"/>
VP	O'BRIEN, THOMAS M	997 LENOX DR, STE 111	LAWRENCETON NJ 08648	<input type="checkbox"/>
C	FAISON, G. SCOTT	997 LENOX DR, STE 111	LAWRENCETON NJ 08648	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Chairman of the Board	Knisely, Philip	9211 Forest Hill Ave., Ste. 109	Richmond, VA 23235	<input checked="" type="checkbox"/>	<input type="checkbox"/>
President + COO	Young, John A.	9211 Forest Hill Ave., Ste. 109	Richmond, VA 23235	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	Ryan, Michael G.	2094 Pennsylvania Ave, N.W., 12th Fl.	Washington, DC 20006	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP + Asst. Sec.	Bunting, Joseph O. III	2094 Pennsylvania Ave., N.W., 12th Fl.	Washington, DC 20006	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP, Gen. Counsel + Sec.	O'Brien, Thomas M.	997 Lenox Dr., Ste. 111	Lawrenceville, NJ 08648	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP, CFO, Treasurer	Faison, Scott, G.	9211 Forest Hill Ave., Ste. 109	Richmond, VA 23235	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02
 Date

609-896-7615
 Daytime Phone #

CR2E034 (9/01)