

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

FILED

**Apr 14 1997 8:00am
Secretary of State**

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 819131 (4)
1. Corporation Name
ABB INDUSTRIAL SYSTEMS INC.



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|---|--|
| Principal Place of Business C/O CT CORPORATION SYSTEM 650 ACKERMAN ROAD COLUMBUS OH 43202 | Mailing Address C/O CT CORPORATION SYSTEM 650 ACKERMAN ROAD COLUMBUS OH 43202-4500 |
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| | |
|--|--|
| 3. Date Incorporated or Qualified 11/02/1965 | 3a. Date of Last Report 06/11/1996 |
| 4. FEI Number 31-0668328 | Applied For Not Applicable |
| 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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

| | | | |
|--|--|--|--------------|
| 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. State | 86. Zip Code |
| | | FL | |

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|-------------------|
| TITLE | PD TROSTHEIM, JOHN 650 ACKERMAN RD COLUMBUS OH | 1.1 TITLE | President |
| NAME | | 1.2 NAME | Donald P. Aiken |
| STREET ADDRESS | | 1.3 STREET ADDRESS | 650 Ackerman |
| CITY- ST- ZIP | | 1.4 CITY- ST- ZIP | Columbus OH 43202 |
| TITLE | V O'DONNELL, MICHAEL P. 650 ACKERMAN RD. COLUMBUS OH | 2.1 TITLE | CFO and Treasurer |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY- ST- ZIP | | 2.4 CITY- ST- ZIP | |
| TITLE | T WALDORF, JOHN F. JR. 650 ACKERMAN RD. COLUMBUS OH | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY- ST- ZIP | | 3.4 CITY- ST- ZIP | |
| TITLE | S MADARA, EUGENE E. 501 MERRITT 7 NORWALK CT 06858 | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY- ST- ZIP | | 4.4 CITY- ST- ZIP | |
| TITLE | D CENTERMAN, JORGEN 501 MERRITT 7 NORWALK CT 06858 | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY- ST- ZIP | | 5.4 CITY- ST- ZIP | |
| TITLE | D JANSON, PETER S 501 MERRITT 7 NORWALK CT 06858 | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY- ST- ZIP | | 6.4 CITY- ST- ZIP | |

14. I do 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.

SIGNATURE: *Michael P. O'Connell* **4/7/97** **6142612000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)

ABB INDUSTRIAL SYSTEMS INC.

DIRECTORS

JOHN TROSTHEIM

650 ACKERMAN ROAD
COLUMBUS, OH 43202

STEPHAN CARLQUST

501 MERRITT 7
NORWALK, CT 06856

JORGEN CENTERMAN

501 MERRITT 7
NORWALK, CT 06856

THOROLF DAMEN

501 MERRITT 7
NORWALK, CT 06856

PETER S. JANSON

501 MERRITT 7
NORWALK, CT 06856