

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90847 039 \*\*\*150.00

**DOCUMENT # 819131**

1. Entity Name

**ABB AUTOMATION INC.**

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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DO NOT WRITE IN THIS SPACE

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 <b>31-0668328</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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 charging its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ (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

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>AIKEN, DONALD P.</b>	
STREET ADDRESS	<b>650 ACKERMAN RD</b>	
CITY-ST-ZIP	<b>COLUMBUS OH</b>	
TITLE	<b>VT</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FOOKS, RICHARD S</b>	
STREET ADDRESS	<b>650 ACKERMAN RD</b>	
CITY-ST-ZIP	<b>COLUMBUS OH 43202</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>MADARA, EUGENE E.</b>	
STREET ADDRESS	<b>501 MERRITT 7</b>	
CITY-ST-ZIP	<b>NORWALK CT 06856</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CENTERMAN, JORGEN</b>	
STREET ADDRESS	<b>501 MERRITT 7</b>	
CITY-ST-ZIP	<b>NORWALK CT 06856</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>JANSON, PETER S</b>	
STREET ADDRESS	<b>501 MERRITT 7</b>	
CITY-ST-ZIP	<b>NORWALK CT 06856</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MICHAEL N. ZAHARNA</b>	
STREET ADDRESS	<b>501 MERRITT 7</b>	
CITY-ST-ZIP	<b>NORWALK CT 06856</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ULF LILJA</b>	
STREET ADDRESS	<b>501 MERRITT 7</b>	
CITY-ST-ZIP	<b>NORWALK CT 06856</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RICHARD McALLISTER</b>	
STREET ADDRESS	<b>1175 JOHN ST.</b>	
CITY-ST-ZIP	<b>W. HENRIETTA NY 14586</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JOUKO KARVINEN</b>	
STREET ADDRESS	<b>501 MERRITT 7</b>	
CITY-ST-ZIP	<b>NORWALK CT 06856</b>	

13. I hereby certify that the information provided 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 the 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 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 another like empowered.

SIGNATURE: VP-Sec. 4-27-00 6142612447  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Eugene E. Madara Date Daytime Phone #