

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90376 010 ***150.00

DOCUMENT # 819131

1. Entity Name

ABB AUTOMATION INC.

Principal Place of Business

Mailing Address

**C/O CT CORPORATION SYSTEM
 650 ACKERMAN ROAD
 COLUMBUS OH 43202**

**C/O CT CORPORATION SYSTEM
 650 ACKERMAN ROAD
 COLUMBUS OH 43202**

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 **31-0668328**

Applied For

Not Applicable

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

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

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, 2001 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 | P | <input checked="" type="checkbox"/> Delete |
| NAME | ZAHARNA, MICHAEL N | |
| STREET ADDRESS | 501 MERRITT | |
| CITY-ST-ZIP | NORWALK CT 06856 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | ULF, LILJA | |
| STREET ADDRESS | 501 MERRITT 7 | |
| CITY-ST-ZIP | NORWALK CT 06856 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | MADARA, EUGENE E. | |
| STREET ADDRESS | 501 MERRITT 7 | |
| CITY-ST-ZIP | NORWALK CT 06856 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | CENTERMAN, JORGEN | |
| STREET ADDRESS | 501 MERRITT 7 | |
| CITY-ST-ZIP | NORWALK CT 06856 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MCALLISTER, RICHARD | |
| STREET ADDRESS | 1175 JOHN ST | |
| CITY-ST-ZIP | WEST HENRIETTA NY 14586 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KARVINEN, JOUKO | |
| STREET ADDRESS | 501 MERRITT 7 | |
| CITY-ST-ZIP | NORWALK CT 06856 | |

| | | |
|----------------|---------------------------|--|
| TITLE | Donald P. Aiken | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | 501 Merritt 7 | |
| STREET ADDRESS | Norwalk, CT. 06856 | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | D-Michael Hirth | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | 501 Merritt 7 | |
| STREET ADDRESS | Norwalk CT 06856 | |
| CITY-ST-ZIP | | |
| TITLE | D-Dinesh Paliwal | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | 501 Merritt 7 | |
| STREET ADDRESS | Norwalk CT 06856 | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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

Susan Kerslake
Controller

4-30-01

Date

614 261 2000

Daytime Phone #

CR2E034 (10/00)

PAGE 2

NAME OF CORPORATION: ABB Automation Inc.

OFFICERS:

~~M. N. Zaharna~~ Donald P. Aiken

Ulf Lilja

Eugene Madara

Jeffrey L. Halsey

Charles Clark

John Trostheim

Lars-Gunnar Berggren

Gordon Woolbert

Joseph G. Patella

Gary Pearsons

John Witherspoon

Mark Rothmann

Katherine M. Blakeley, Bruce Lindl,
Danie! E. Lewis

Julietta Guarino

Susan Kerslake

DIRECTORS:

Jouko Karvinen

~~Mohamed N. Zaharna~~ Donald P. Aiken

Richard McAllister

Michael Hirth

Ulf Lilja, Dinesh Paliwal

Doc # 819131
Attachment

DATE: 4/1/01

819131

TITLE:

President & CEO

Chief Operating Officer

Vice President, General Counsel &
Secretary

Vice President, Human Resources

President, Drives & Power Products
Group

President, Automation Products Group

President, Flexible Automation Group

President, Utilities Group

President, Petroleum, Chemical &
Consumer Group

President, Automation Services Group

Pulp & Paper and Metals & Mining
Group

President, Marine & Turbocharger
Group

Assistant Secretaries

Assistant Treasurer

Controller

Chairman

Vice Chairman