

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 828907 (6)

1. Corporation Name
ABS INDUSTRIAL VERIFICATION, INC.



Principal Place of Business Mailing Address
16855 N CHASE DR HOUSTON TX 77060 US
TWO WORLD TRADE CENTER, 106TH FLOOR NEW YORK NY 10048

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/27/1972	3a. Date of Last Report 01/26/1995
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 13-2695912	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. Zip	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	29. Country	30. Country	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	10. Name and Address of New Registered Agent
	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	FL 85 Zip Code

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P SUTTON, ROBERT C	1.2 NAME	P BERNARD M. PERINNE
STREET ADDRESS	12 S DOE RUN	1.3 STREET ADDRESS	1707 WUNDER HILL DRIVE
CITY- ST- ZIP	THE WOODLANDS TX 77380	1.4 CITY- ST- ZIP	SPRING, TEXAS 77379
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S BAUERLE, ROBERT J	2.2 NAME	
STREET ADDRESS	5714 VESTAVIA DR	2.3 STREET ADDRESS	
CITY- ST- ZIP	HOUSTON TX 77069	2.4 CITY- ST- ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V FORREST, JOHN W	3.2 NAME	
STREET ADDRESS	2031 SWIFT BLVD	3.3 STREET ADDRESS	
CITY- ST- ZIP	HOUSTON TX 77030	3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AS O'BRIEN, WILLIAM J	4.2 NAME	
STREET ADDRESS	15 HAWTHORNE WAY	4.3 STREET ADDRESS	
CITY- ST- ZIP	HARTSDALE NY	4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	C IAROSSI, FRANK J	5.2 NAME	C IAROSSI, FRANK J.
STREET ADDRESS	121 N. POST OAK LANE 806	5.3 STREET ADDRESS	15 WEST TERRACE DRIVE
CITY- ST- ZIP	HOUSTON TX	5.4 CITY- ST- ZIP	HOUSTON, TEXAS 77007
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T BAUERLE, ROBERT J	6.2 NAME	
STREET ADDRESS	5714 VESTAVIA DR	6.3 STREET ADDRESS	
CITY- ST- ZIP	HOUSTON TX 77069	6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *William J. O'Brien* **William J. O'Brien** 1/16/96 212-539-5192
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)