

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

**FILED**  
**Feb 11 1997 8:00am**  
**Secretary of State**

1  
**PROFIT CORPORATION ANNUAL REPORT 1997**  
  
 FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 828907 (6)**  
 1. Corporation Name  
**ABS INDUSTRIAL VERIFICATION, INC. - NAME CHANGED TO ABS SERVICES, INC.**  
*NC 1/24/97*

Principal Place of Business  
**16855 N CHASE DR HOUSTON TX 77060 US**

Mailing Address  
**TWO WORLD TRADE CENTER, 106TH FLOOR NEW YORK NY 10048-0681**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/27/1972</b>	3a. Date of Last Report <b>01/31/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>13-2695912</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	6. 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
85	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 reinstalling)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>PERINNE, BERNARD M</b>	
STREET ADDRESS	<b>1707 WANDER HILL DRIVE</b>	
CITY-ST-ZIP	<b>SPRING TX</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>BAUERLE, ROBERT J</b>	
STREET ADDRESS	<b>5714 VESTAVIA DR</b>	
CITY-ST-ZIP	<b>HOUSTON TX 77069</b>	
TITLE	<b>AS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>O'BRIEN, WILLIAM J</b>	
STREET ADDRESS	<b>15 WEST TERRACE DRIVE</b>	
CITY-ST-ZIP	<b>HOUSTON TX</b>	
TITLE	<b>C</b>	<input type="checkbox"/> DELETE
NAME	<b>IAROSSI, FRANK J</b>	
STREET ADDRESS	<b>121 N. POST OAK LANE 608</b>	
CITY-ST-ZIP	<b>HOUSTON TX</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>BAUERLE, ROBERT J</b>	
STREET ADDRESS	<b>5714 VESTAVIA DR</b>	
CITY-ST-ZIP	<b>HOUSTON TX 77069</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>AS</b>
3.3 STREET ADDRESS	<b>VORBACH, JOSEPH E.</b>
3.4 CITY-ST-ZIP	<b>927 HUDSON STREET HOBOKEN, N.J. 77056</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>000002085810</b>
6.3 STREET ADDRESS	<b>-02/12/97--01085--043</b>
6.4 CITY-ST-ZIP	<b>***165.00</b>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: \_\_\_\_\_ DATE: \_\_\_\_\_

CR2E034 (9/96)