

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 24 AM 9:29

DOCUMENT # **F94000000505 (7)**

1. Corporation Name

ABS QUALITY EVALUATIONS, INC.

Principal Place of Business

Mailing Address

ABS AMERICAS - ABS PLAZA
16855 NORTHCHASE DRIVE
HOUSTON TX 77060

ABS AMERICAS - ABS PLAZA
16855 NORTHCHASE DRIVE
HOUSTON TX 77060

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

02/02/1994

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **TWO WORLD TRADE CENTER**

4. FEI Number

Applied For

22-3067354

Not Applicable

22 City & State

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

10048

U.S.A.

10048

U.S.A.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: C
NAME: IAROSI, FRANK J
STREET ADDRESS: 121 N. POST OAK LANE #608
CITY-ST-ZIP: HOUSTON TX

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition
**IAROSI, FRANK J
15 WEST TERRACE BLVD
HOUSTON, TEXAS 77007**

TITLE: PD
NAME: POTTS, ELIZABETH A
STREET ADDRESS: 11 FLATCREEK PLACE
CITY-ST-ZIP: THE WOODLANDS TX

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

TITLE: VD
NAME: SUTTON, ROBERT C
STREET ADDRESS: 7 SWITCHBUD PLACE #192-247
CITY-ST-ZIP: THE WOODLANDS TX

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

TITLE: V
NAME: LEITZEL, TIMOTHY
STREET ADDRESS: 3410 REDWOOD LODGE COURT
CITY-ST-ZIP: KINGWOOD TX

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

TITLE: AS
NAME: O'BRIEN, WILLIAM J
STREET ADDRESS: 15 HAWTHORNE WAY
CITY-ST-ZIP: HARTSDALE NY

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

TITLE: ST
NAME: BAUERLE, ROBERT J
STREET ADDRESS: 6714 VESTAVIA DRIVE
CITY-ST-ZIP: HOUSTON TX

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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 110.07(3)(b), 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 addition.

SIGNATURE:

William J. O'Brien

WILLIAM J. O'BRIEN

TITLE

17 JANUARY 1995 212-339-5722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TITLE (Date of Filing)