

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 # **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**

**TWO WORLD TRADE CENTER
106TH FLOOR
NEW YORK NY 10048
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

02/02/1994

3a. Date of Last Report

01/24/1995

4. FEI Number

22-3067354

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	C	<input type="checkbox"/> DELETE
NAME	IAROSI, FRANK J	
STREET ADDRESS	15 WEST TERRACE DRIVE	
CITY - ST - ZIP	HOUSTON TX 77007	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	POTTS, ELIZABETH A	
STREET ADDRESS	11 FLATCREEK PLACE	
CITY - ST - ZIP	THE WOODLANDS TX	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SUTTON, ROBERT C	
STREET ADDRESS	7 SWITCHBUD PLACE #192-247	
CITY - ST - ZIP	THE WOODLANDS TX	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LEITZELL, TIMOTHY	
STREET ADDRESS	3410 REDWOOD LODGE COURT	
CITY - ST - ZIP	KINGWOOD TX 77339	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	O'BRIEN, WILLIAM J	
STREET ADDRESS	15 HAWTHORNE WAY	
CITY - ST - ZIP	HARTSDALE NY 10530	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BAUERLE, ROBERT J	
STREET ADDRESS	5714 VESTAVIA DRIVE	
CITY - ST - ZIP	HOUSTON TX 77069	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY - ST - ZIP	
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	
6 3 STREET ADDRESS	
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** 1/16/96 212-839-5192
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)