

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

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90099 040 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000000505

1. Corporation Name
ABS QUALITY EVALUATIONS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business ABS AMERICAS - ABS PLAZA 16855 NORTHCHASE DRIVE HOUSTON TX 77060	Mailing Address TWO WORLD TRADE CENTER 106TH FLOOR NEW YORK NY 10048 US
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3. Date Incorporated or Qualified 02/02/1994	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 22-3067354	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip Country	Zip Country
24	29
25	30

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

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 type="checkbox"/> DELETE
NAME	DESUTTER, STEVEN C	
STREET ADDRESS	127 NORTH BERRYLINE	
CITY-ST-ZIP	THE WOODLANDS TX 77381	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	LEITZEL, TIMOTHY	
STREET ADDRESS	3410 REDWOOD LODGE COURT	
CITY-ST-ZIP	KINGWOOD TX	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	VORBACH, JOSEPH E.	
STREET ADDRESS	927 HUDSON ST.	
CITY-ST-ZIP	HOBOKEN NJ 77056	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	BAUERLE, ROBERT J	
STREET ADDRESS	5714 VESTAVIA DRIVE	
CITY-ST-ZIP	HOUSTON TX	
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 checked="" type="checkbox"/> Addition
3.2 NAME	VP WIERNICKI, CHRISTOPHER J.
3.3 STREET ADDRESS	2 WEST SHAKER COURT
3.4 CITY-ST-ZIP	THE WOODLANDS, TEXAS 77381
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 checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ST COOK, REED C.
5.3 STREET ADDRESS	17115 CHESTNUT CREEK COURT
5.4 CITY-ST-ZIP	SPRING, TEXAS 77379
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 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 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, with all other like empowered.

SIGNATURE: Joseph E. Vorbach JOSEPH E. VORBACH 1/6/99 212-839-5192
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)