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

FILED
Mar 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # **P32359** **(2)**

1. Corporation Name
ABB C-E SERVICES, INC.

Principal Place of Business	Mailing Address
200 GREAT POND RD WINDSOR CT 06095	200 GREAT POND RD WINDSOR CT 06095

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/24/1990

4. FEI Number: 06-1310571 ☐ 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

7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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	AT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MCCANN, JOSEPH M		1.2 NAME		
STREET ADDRESS	17 PHEASANT RUN		1.3 STREET ADDRESS		
CITY-ST-ZIP	NORTHGRANBY CT		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ALGER, STEVEN G.		2.2 NAME		
STREET ADDRESS	43 COLORADO DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	SOMER CT		2.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ZACCONE, KARL R.		3.2 NAME		
STREET ADDRESS	7 CRICKETT LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	SIMSBURY CT		3.4 CITY-ST-ZIP		
TITLE	VS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HARRIS, DANIEL E.		4.2 NAME		
STREET ADDRESS	COTTON HILL RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW HARTFORD CT		4.4 CITY-ST-ZIP		
TITLE	VT	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	VIVENZIO, FRANCIS M		5.2 NAME		
STREET ADDRESS	24 HAYES AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	FEEDING HILLS MA		5.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SIMPSON, DAVID H		6.2 NAME		
STREET ADDRESS	200 GREAT POND DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	WINDSOR CT		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.

SIGNATURE: _____ 2/23/98 (860)285-3602

CR2E034 (10/97)