FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **819131** **(4)**

1. Corporation Name
ABB INDUSTRIAL SYSTEMS INC.

Principal Place of Business
C/O CT CORPORATION SYSTEM
650 ACKERMAN ROAD
COLUMBUS OH 43202

Mailing Address
C/O CT CORPORATION SYSTEM
650 ACKERMAN ROAD
COLUMBUS OH 43202

3. Date Incorporated or Qualified: 11/02/1965
3a. Date of Last Report: 05/23/1995

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

4. FEI Number: 31-0668328 — 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
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 _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TROSTHEIM, JOHN		1.2 NAME		
STREET ADDRESS	650 ACKERMAN RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS OH		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	O'DONNELL, MICHAEL P.		2.2 NAME		
STREET ADDRESS	650 ACKERMAN RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS OH		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WALDORF, JOHN F. JR.		3.2 NAME		
STREET ADDRESS	650 ACKERMAN RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS OH		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MADARA, EUGENE E.		4.2 NAME		
STREET ADDRESS	501 MERRITT 7		4.3 STREET ADDRESS		
CITY-ST-ZIP	NORWALK CT 06856		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CENTERMAN, JORGEN		5.2 NAME		
STREET ADDRESS	501 MERITT 7		5.3 STREET ADDRESS		
CITY-ST-ZIP	NORWALK CT 06856		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	JANSON, PETER S		6.2 NAME		
STREET ADDRESS	501 MERRITT 7		6.3 STREET ADDRESS		
CITY-ST-ZIP	NORWALK CT 06856		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: John F. Waldorf Jr. — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John F. Waldorf, Jr. Treasurer — Date: 6-6-96 — Daytime Phone: 6142612000

CR2E034 (12/95)