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FILED  
Feb 11 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 828907 (6)

1. Corporation Name  
ABS INDUSTRIAL VERIFICATION, INC. *NAME CHANGED TO*  
*ABS SERVICES, INC.* *NC 1/24/97*

Principal Place of Business  
16855 N CHASE DR  
HOUSTON TX 77060  
US

Mailing Address  
TWO WORLD TRADE CENTER, 106TH FLOOR  
NEW YORK NY 10048-0661



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/27/1972	3a. Date of Last Report 01/31/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.			4. FEI Number 13-2695912	Applied For Not Applicable
22 City & State	27 City & State			5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country			6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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	
		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERINNE, BERNARD M	1.2 NAME	
STREET ADDRESS	1707 WANDER HILL DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING TX	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUERLE, ROBERT J	2.2 NAME	
STREET ADDRESS	5714 VESTAVIA DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77069	2.4 CITY-ST-ZIP	
TITLE	AS	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BRIEN, WILLIAM J	3.2 NAME	AS
STREET ADDRESS	15 WEST TERRACE DRIVE	3.3 STREET ADDRESS	VORBAUGH, JOSEPH E.
CITY-ST-ZIP	HOUSTON TX	3.4 CITY-ST-ZIP	927 HUDSON STREET
TITLE	C	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IAROSSI, FRANK J	4.2 NAME	
STREET ADDRESS	121 N. POST OAK LANE 608	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUERLE, ROBERT J	5.2 NAME	
STREET ADDRESS	5714 VESTAVIA DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77069	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	000002085810
STREET ADDRESS		6.3 STREET ADDRESS	-02/12/97--01085--043
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***165.00

14. I do 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: \_\_\_\_\_

CR2E034 (9/96)