

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY 23 AM 10: 15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **819131** (4)

1. Corporation Name  
**ABB PROCESS AUTOMATION INC.**

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

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/02/1965** 3a. Date of Last Report **04/01/1994**  
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

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 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

B. 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  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 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 resigning) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
TITLE PD  
NAME TROSTHEIM, JOHN  
STREET ADDRESS 650 ACKERMAN RD  
CITY - ST - ZIP COLUMBUS OH  
TITLE V  
NAME O'DONNELL, MICHAEL P.  
STREET ADDRESS 650 ACKERMAN RD.  
CITY - ST - ZIP COLUMBUS OH  
TITLE T  
NAME WALDORF, JOHN F. JR.  
STREET ADDRESS 650 ACKERMAN RD.  
CITY - ST - ZIP COLUMBUS OH  
TITLE S  
NAME MADARA, EUGENE E.  
STREET ADDRESS 900 LONG RIDGE RD.  
CITY - ST - ZIP STAMFORD CT  
TITLE D  
NAME CENTERMAN, JORGEN  
STREET ADDRESS 900 LONG RIDGE RD.  
CITY - ST - ZIP STAMFORD CT  
TITLE D  
NAME LINDELOW, JAN H.  
STREET ADDRESS 900 LONG RIDGE RD  
CITY - ST - ZIP STAMFORD CT

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS **501 MERRITT 7**  
4.4 CITY - ST - ZIP **NORWALK CT. 06856**  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS **501 MERRITT 7**  
5.4 CITY - ST - ZIP **NORWALK CT 06856**  
6.1 TITLE  Change  Addition  
6.2 NAME **D PETER S. JANSON**  
6.3 STREET ADDRESS **501 MERRITT 7**  
6.4 CITY - ST - ZIP **NORWALK CT 06856**

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.* John F. Waldorf, Jr. Treasurer 5/11/95 (614) 261-2000  
SIGNATURE AND TYPED OR PRINTED NAME OF DOMESTIC OFFICER OR DIRECTOR (Date) (Office Name)