

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

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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
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3. Date Incorporated or Qualified 11/02/1965	3a. Date of Last Report 05/23/1995
4. FEI Number 31-0668328	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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 type required: ink or typed name of the officer or director. Date required: (A) ink; (B) typed name of the officer or director.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TROSTHEIM, JOHN 850 ACKERMAN RD COLUMBUS OH <input type="checkbox"/> DELETE	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V O'DONNELL, MICHAEL P. 850 ACKERMAN RD. COLUMBUS OH <input type="checkbox"/> DELETE	7. TITLE 8. NAME 9. STREET ADDRESS 10. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WALDORF, JOHN F. JR. 850 ACKERMAN RD. COLUMBUS OH <input type="checkbox"/> DELETE	11. TITLE 12. NAME 13. STREET ADDRESS 14. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MADARA, EUGENE E. 501 MERRITT 7 NORWALK CT 06856 <input type="checkbox"/> DELETE	17. TITLE 18. NAME 19. STREET ADDRESS 20. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CENTERMAN, JORGEN 501 MERRITT 7 NORWALK CT 06856 <input type="checkbox"/> DELETE	21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JANSON, PETER S 501 MERRITT 7 NORWALK CT 06856 <input type="checkbox"/> DELETE	25. TITLE 26. NAME 27. STREET ADDRESS 28. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 FILING OFFICER OR DIRECTOR
John F. Waldorf, Jr. 6-6-96 6142612000
 Treasurer

CR2E034 (12/95)