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FILED
Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 43202-4500
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3. Date Incorporated or Qualified 11/02/1965	3a. Date of Last Report 06/11/1996
4. FEI Number 31-0668328	Applied For 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	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Country	29. Zip
25. Country	30. Country

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	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	FL

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 re-stating))

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	TROSTHEIM, JOHN	
STREET ADDRESS	650 ACKERMAN RD	
CITY- ST- ZIP	COLUMBUS OH	
TITLE	V	<input type="checkbox"/> DELETE
NAME	O'DONNELL, MICHAEL P.	
STREET ADDRESS	650 ACKERMAN RD.	
CITY- ST- ZIP	COLUMBUS OH	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	WALDORF, JOHN F. JR.	
STREET ADDRESS	650 ACKERMAN RD.	
CITY- ST- ZIP	COLUMBUS OH	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MADARA, EUGENE E.	
STREET ADDRESS	501 MERRITT 7	
CITY- ST- ZIP	NORWALK CT 06858	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CENTERMAN, JORGEN	
STREET ADDRESS	501 MERRITT 7	
CITY- ST- ZIP	NORWALK CT 06858	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JANSON, PETER S	
STREET ADDRESS	501 MERRITT 7	
CITY- ST- ZIP	NORWALK CT 06858	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Donald P. Aiken	
1.3 STREET ADDRESS	650 Ackerman	
1.4 CITY- ST- ZIP	Columbus OH 43202	
2.1 TITLE	CFO and Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY- ST- ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY- ST- ZIP		

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: Michael P. O'Connell **4/7/97** **6142612000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

ABB INDUSTRIAL SYSTEMS INC.

DIRECTORS

JOHN TROSTHEIM

650 ACKERMAN ROAD
COLUMBUS, OH 43202

STEPHAN CARLQUST

501 MERRITT 7
NORWALK, CT 06856

JORGEN CENTERMAN

501 MERRITT 7
NORWALK, CT 06856

THOROLF DAMEN

501 MERRITT 7
NORWALK, CT 06856

PETER S. JANSON

501 MERRITT 7
NORWALK, CT 06856