

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90847 039 ***150.00

DOCUMENT # 819131

1. Entity Name
ABB AUTOMATION 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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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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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. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
FL Zip Code

8. The above named entity submits this statement for the purpose of charging its registered office or registered agent, or both, in the State of Florida.
 SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)
 DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	AIKEN, DONALD P.	
STREET ADDRESS	650 ACKERMAN RD	
CITY-ST-ZIP	COLUMBUS OH	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	FOOKS, RICHARD S	
STREET ADDRESS	650 ACKERMAN RD	
CITY-ST-ZIP	COLUMBUS OH 43202	
TITLE	S	<input type="checkbox"/> Delete
NAME	MADARA, EUGENE E.	
STREET ADDRESS	501 MERRITT 7	
CITY-ST-ZIP	NORWALK CT 06856	
TITLE	D	<input type="checkbox"/> Delete
NAME	CENTERMAN, JORGEN	
STREET ADDRESS	501 MERRITT 7	
CITY-ST-ZIP	NORWALK CT 06856	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JANSON, PETER S	
STREET ADDRESS	501 MERRITT 7	
CITY-ST-ZIP	NORWALK CT 06856	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL N. ZAHARNA	
STREET ADDRESS	501 MERRITT 7	
CITY-ST-ZIP	NORWALK CT 06856	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ULF LILJA	
STREET ADDRESS	501 MERRITT 7	
CITY-ST-ZIP	NORWALK CT 06856	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD McALLISTER	
STREET ADDRESS	1175 JOHN ST.	
CITY-ST-ZIP	W. HENRIETTA NY 14586	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOUKO KARVINEN	
STREET ADDRESS	501 MERRITT 7	
CITY-ST-ZIP	NORWALK CT 06856	

13. I hereby certify that the information provided 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 report or the 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with another like empowered.

SIGNATURE: VP-Sec. 4-27-00 6142612447
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Eugene E. Madara Date Daytime Phone #