

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **847843** (0)

1. Corporation Name

ABB POWER T&D COMPANY INC.



Principal Place of Business

Mailing Address

**630 SENTRY PARK
BLUE BELL PA 19422**

**630 SENTRY PARK
BLUE BELL PA 19422**

2. Principal Place of Business

2a. Mailing Address

21 **1021 MAIN CAMPUS DRIVE**
Suite, Apt. #, etc.

26 **1021 MAIN CAMPUS DRIVE**
Suite, Apt. #, etc.

22
City & State

27
City & State

23 **RALEIGH, NC**
Zip Country

28 **RALEIGH, NC**
Zip Country

24 **27606** 25 **WAKE**

29 **27606** 30 **WAKE**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/30/1980

3a. Date of Last Report

03/08/1995

4. FEI Number

36-3100018

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

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH 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

Signature of principal or previous holder of registered agent and if not applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **VPT WESTIN, ANDERS**

STREET ADDRESS **501 MERRITT 7**

CITY-STATE-ZIP **NORWALK CT**

TITLE ☐ DELETE

NAME **DONOVAN, ROBERT E**

STREET ADDRESS **501 MERRITT 7**

CITY-STATE-ZIP **NORWALK CT**

TITLE ☐ DELETE

NAME **ALMGREN, AKE**

STREET ADDRESS **501 MERRITT 7**

CITY-STATE-ZIP **NORWALK CT**

TITLE ☐ DELETE

NAME **ATTANASIO, JOHN R**

STREET ADDRESS **630 SENTRY PARK**

CITY-STATE-ZIP **BLUE BELL PA 19422**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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, or on an attachment with an address.

SIGNATURE:

Ake Almgren
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AKE ALMGREN

Date

(919) 856-2501
Daytime Phone #

CR2E034 (12/95)