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Apr 27, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 847843

1. Corporation Name

ABB POWER T&D COMPANY INC.

Principal Place of Business

1021 MAIN CAMPUS DRIVE
RALEIGH NC 27606
US

Mailing Address

1021 MAIN CAMPUS DRIVE
RALEIGH NC 27606
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/30/1980

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 owes the current year Intangible
Personal Property Tax.

Yes

No

9. Name and Address of Current Registered Agent

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, typed or printed name of registered agent and title if applicable.

(NOT E: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPT
NAME WESTIN, ANDERS
STREET ADDRESS 1021 MAIN CAMPUS DRIVE
CITY-ST-ZIP RALEIGH NC

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

D
KARLSSON, JUNE
AFFOERNSTR. 44
CH-8050, ZURICH, SWITZERLAND

Change

Addition

TITLE AS
NAME KOSMAR, JAMES M
STREET ADDRESS 1021 MAIN CAMPUS DR
CITY-ST-ZIP RALEIGH NC

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change

Addition

TITLE D
NAME ALMGREN, AKE
STREET ADDRESS 1021 MAIN CAMPUS DRIVE
CITY-ST-ZIP RALEIGH NC

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change

Addition

TITLE S
NAME ATTANASIO, JOHN R
STREET ADDRESS 1515 MARKET STREET
CITY-ST-ZIP PHILADELPHIA PA 13

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

S
ATTANASIO, JOHN R
1021 MAIN CAMPUS DRIVE
RALEIGH, NC 27606

Change

Addition

TITLE D
NAME JANSON, PETER
STREET ADDRESS 501 MERRITT 7, P O BOX 5308
CITY-ST-ZIP NORWALK CT

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change

Addition

TITLE P
NAME SINDEK, RICHARD S
STREET ADDRESS 1021 MAIN CAMPUS DR
CITY-ST-ZIP RALEIGH NC 27606

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

P
SINDEK, RICHARD S.
1021 MAIN CAMPUS DRIVE
RALEIGH, NC 27606

Change

Addition

14. I 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 change is, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/99 (919) 856-3811

CR2E034 (11/98)