

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 847843

1. Entity Name

ABB POWER T&D COMPANY INC.

**FILED**  
**Sep 05, 2000 8:00 am**  
**Secretary of State**

09-05-2000 90029 027 \*\*\*558.75

Principal Place of Business

1021 MAIN CAMPUS DRIVE  
RALEIGH NC 27606  
US

Mailing Address

1021 MAIN CAMPUS DRIVE  
RELEIGH NC 27606  
US

2. Principal Place of Business

940 MAIN CAMPUS DR.  
Suite/Apt. #, etc.  
500

3. Mailing Address

940 MAIN CAMPUS DR.  
Suite/Apt. #, etc.  
500

City & State

RALEIGH, NC

City & State

RALEIGH, NC

Zip

27606

Country

Zip

27606

Country

4. FEI Number

36-3100018

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH 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 changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

J. M. KOSMAR, ASST. SEC.

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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          | VPT                    | <input type="checkbox"/> Delete            |
| NAME           | WESTIN, ANDERS         |  |
| STREET ADDRESS | 1021 MAIN CAMPUS DRIVE |  |
| CITY-ST-ZIP    | RALEIGH NC             |  |
| TITLE          | AS                     | <input type="checkbox"/> Delete            |
| NAME           | KOSMAR, JAMES M        |  |
| STREET ADDRESS | 1021 MAIN CAMPUS DR    |  |
| CITY-ST-ZIP    | RALEIGH NC             |  |
| TITLE          | S                      | <input type="checkbox"/> Delete            |
| NAME           | ATTANASIO, JOHN R      |  |
| STREET ADDRESS | 1021 MAIN CAMPUS DRIVE |  |
| CITY-ST-ZIP    | RALEIGH NC 27606       |  |
| TITLE          | S                      | <input type="checkbox"/> Delete            |
| NAME           | ATTANASIO, JOHN R      |  |
| STREET ADDRESS | 1515 MARKET STREET     |  |
| CITY-ST-ZIP    | PHILADELPHIA, PA 13    |  |
| TITLE          | P                      | <input type="checkbox"/> Delete            |
| NAME           | SUIDEK, RICHARD J      |  |
| STREET ADDRESS | 1021 MAIN CAMPUS DRIVE |  |
| CITY-ST-ZIP    | RALEIGH NC 27606       |  |
| TITLE          | P                      | <input checked="" type="checkbox"/> Delete |
| NAME           | SINDEK, RICHARD S      |  |
| STREET ADDRESS | 1021 MAIN CAMPUS DR    |  |
| CITY-ST-ZIP    | RALEIGH NC 27606       |  |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                                  |  |
|----------------|----------------------------------|--|
| TITLE          |                                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                  |  |
| STREET ADDRESS | 940 MAIN CAMPUS DRIVE, SUITE 500 |  |
| CITY-ST-ZIP    |                                  |  |
| TITLE          |                                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                  |  |
| STREET ADDRESS |                                  |  |
| CITY-ST-ZIP    |                                  |  |
| TITLE          |                                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                  |  |
| STREET ADDRESS |                                  |  |
| CITY-ST-ZIP    |                                  |  |
| TITLE          |                                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                  |  |
| STREET ADDRESS |                                  |  |
| CITY-ST-ZIP    |                                  |  |
| TITLE          |                                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                  |  |
| STREET ADDRESS |                                  |  |
| CITY-ST-ZIP    |                                  |  |

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

*J. M. Kosmar*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/3/00

Date

(919) 856-3811

Daytime Phone #

CR2E034 (5/00)