

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 25, 2004 08:00 AM
Secretary of State

DOCUMENT # 847843

1. Entity Name
ABB DE INC.



Principal Place of Business
940 MAIN CAMPUS DR
500
RALEIGH, NC 27606 US

Mailing Address
9000 REGENCY PARKWAY
300
CARY, NC 27511 US



03182004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-3100018

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1100000096007
03/25/04-80012-009 158.75

10. OFFICERS AND DIRECTORS

TITLE	VPT
NAME	WESTIN, ANDERS
STREET ADDRESS	940 MAIN CAMPUS DRIVE, STE 500
CITY-ST-ZIP	RALEIGH, NC
TITLE	AS
NAME	KOSMAR, JAMES M
STREET ADDRESS	940 MAIN CAMPUS, STE 500
CITY-ST-ZIP	RALEIGH, NC
TITLE	S
NAME	ATTANASIO, JOHN R
STREET ADDRESS	940 MAIN CAMPUS DRIVE, STE 500
CITY-ST-ZIP	RALEIGH, NC 27606
TITLE	S
NAME	ATTANASIO, JOHN R
STREET ADDRESS	940 MAIN CAMPUS DRIVE, STE 500
CITY-ST-ZIP	PHILADELPHIA, PA 13
TITLE	P
NAME	SUIDEK, RICHARD J
STREET ADDRESS	940 MAIN CAMPUS DRIVE SUITE 500
CITY-ST-ZIP	RALEIGH, NC 27606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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

3/19/04
Date

Daytime Phone #