

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 847843

FILED
Apr 10, 2007
Secretary of State

Entity Name: ABB DE INC.

Current Principal Place of Business:

501 MERRITT 7
NORWALK, CT 06856 US

New Principal Place of Business:

Current Mailing Address:

9000 REGENCY PARKWAY
300
CARY, NC 27511 US

New Mailing Address:

FEI Number: 36-3100018 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: PALIWAL, DINESH
Address: 501 MERRITT 7
City-St-Zip: NORWALK, CT 06856 US

Title: AS () Delete
Name: KOSMAR, JAMES M
Address: 940 MAIN CAMPUS, STE 500
City-St-Zip: RALEIGH, NC 27606

Title: TR () Delete
Name: WENTWORTH, BARRY
Address: 501 MERRITT 7
City-St-Zip: NORWALK, CT 06856

Title: VP () Delete
Name: HALSEY, JEFF
Address: 579 EXECUTIVE CAMPUS DR
City-St-Zip: WESTERVILLE, OH 43082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: TUZIK, STEVEN
Address: 501 MERRITT 7
City-St-Zip: NORWALK, CT 430820685

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES M KOSMAR

AS

04/10/2007

Electronic Signature of Signing Officer or Director

_____ Date