

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 847843

Entity Name: ABB DE INC.

FILED
Mar 19, 2009
Secretary of State

Current Principal Place of Business:

501 MERRITT 7
NORWALK, CT 06856 US

New Principal Place of Business:

Current Mailing Address:

12040 REGENCY PARKWAY STE 300
CARY, NC 27518 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: SANTACANA, ENRIQUE
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: TUZIK, STEVEN
Address: 501 MERRITT 7
City-St-Zip: NORWALK, CT 430820685

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: SANTACANA, ENRIQUE
Address: 12040 REGENCY PARKWAY STE 300
City-St-Zip: CARY, NC 27518 US

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

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

Title: VP (X) Change () Addition
Name: MADARA, EUGENE E DIRECTO
Address: 501 MERRITT 7
City-St-Zip: NORWALK, CT 06856

Title: CFO () Change (X) Addition
Name: HAKA, ISMO
Address: 12040 REGENCY PARKWAY STE 300
City-St-Zip: CARY, NC 27518

I hereby certify that the information supplied with this filing does not qualify 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

03/19/2009

Electronic Signature of Signing Officer or Director

Date