

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90460 029 ***150.00

DOCUMENT # F00000006498

1. Entity Name
ABB STRUCTURED FINANCE (AMERICAS) INC.

Principal Place of Business Mailing Address
ONE RESEARCH DRIVE ONE RESEARCH DRIVE
WESTBORO MA 01581 WESTBORO MA 01581

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **06-1161530** 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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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 ☒ Delete
 NAME **PD**
 STREET ADDRESS **NAYAR, ARUN**
 CITY-ST-ZIP **ONE RESEARCH DRIVE**
WESTBORO MA 01581

TITLE ☐ Delete
 NAME **TD**
 STREET ADDRESS **KURNENTZ, JEFFREY**
 CITY-ST-ZIP **263 TRESSER BLVD.**
STAMFORD CT 06901-3219

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **LYON, E. BARRY**
 CITY-ST-ZIP **501 MERRITT 7**
NORWALK CT 06851

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **BLECHER, LENNART**
 CITY-ST-ZIP **THURGAUERSTRASSE 54**
CH-8050 ZURICH, SWITZERLAND

TITLE ☐ Delete
 NAME **ENV**
 STREET ADDRESS **MARTIN R. SPICER**
 CITY-ST-ZIP **1 RESEARCH DR.**
WESTBORO MA 01581

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **THOMAS HODGSON**
 CITY-ST-ZIP **1 RESEARCH DR.**
WESTBORO MA 01581

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **President: Director**
 STREET ADDRESS **GLEN TOSHIO MATSUMOTO**
 CITY-ST-ZIP **227 TRESSER BLVD**
STAMFORD, CT 06901

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/02 **508-872-8260**
 Date Daytime Phone #

CR2E034 (9/01)