

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000006498

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



Principal Place of Business
ONE RESEARCH DRIVE
WESTBORO MA 01581

Mailing Address
ONE RESEARCH DRIVE
WESTBORO MA 01581

APPROVED
AND
FILED
03 APR -4 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
120 Long Ridge Rd
Suite, Apt. #, etc.
Stamford, CT
City & State
06927
Zip Country

3. Mailing Address
120 Long Ridge Rd
Suite, Apt. #, etc.
Stamford, CT
City & State
06927
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, to the state of Florida, and accept the obligations of registered agent.

100018460481
05/07/03--01091--004 **150.00

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MATSUMOTO, GLEN T 227 TRESSER BLVD STAMFORD CT 06901	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P matsumoto, Glen T. 120 Long Ridge Rd Stamford, CT 06927	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KURNENTZ, JEFFREY 263 TRESSER BLVD. STAMFORD CT 06901-3219	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Ricardo S. Silva 120 Long Ridge Rd Stamford, CT 06927	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LYON, E. BARRY 501 MERRITT 7 NORWALK CT 06851	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Wendy E. Ormond 120 Long Ridge Rd Stamford, CT 06927	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLECHER, LENNART THURGAUERSTRASSE 54 CH-8050 ZURICH, SWITZERLAND	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John Bober 120 Long Ridge Rd Stamford, CT 06927	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ronald K. Armstrong 120 Long Ridge Rd Stamford, CT 06927	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Kathleen L. Mathews 120 Long Ridge Rd Stamford, CT 06927	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Kathleen L. Mathews 3/19/03 (203) 357-6567
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0656705 AB

CR2E034 (10/02)