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Jan 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000005920 (4)

1. Corporation Name
ABB SERVICE INC.

Principal Place of Business
110 FREE ST
PORTLAND ME 04101

Mailing Address
P.O. BOX 7050
PORTLAND ME 04112-7050



3. Date Incorporated or Qualified
12/29/1993

3a. Date of Last Report
09/24/1996

2. Principal Place of Business

21 800 Nave Road SE
Suite, Apt. #, etc.

2a. Mailing Address

26 800 Nave Road SE
Suite, Apt. #, etc.

4. FEI Number

23-2745794

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

23 City & State

Massillon OH

27 City & State

Massillon OH

24 Zip

44646

25 Country

USA

29 Zip

44646

30 Country

USA

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature type for person or entity registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME VEGA, JOHN J
STREET ADDRESS 800 NAVE RD. SE
CITY-ST-ZIP MASSILLON OH 44846

TITLE VP ☐ DELETE

NAME CONNOLLY, JOHN J
STREET ADDRESS 9050A RED BRANCH RD.
CITY-ST-ZIP COLUMBIA MD 21045

TITLE VPT ☐ DELETE

NAME SPEAR, TRENT W
STREET ADDRESS 800 NAVE RD. SE
CITY-ST-ZIP MASSILLON OH 44846

TITLE S ☐ DELETE

NAME RYDER, H. THOMAS
STREET ADDRESS 209 PROGRESS DRIVE
CITY-ST-ZIP MONTGOMERYVILLE PA 18936

TITLE AT ☐ DELETE

NAME GAVITT, JR., STANTON W
STREET ADDRESS 55 GREENWOOD LANE
CITY-ST-ZIP PORTLAND ME 04103

TITLE C ☒ DELETE

NAME JANSON, PETER S
STREET ADDRESS 501 MERRITT 7
CITY-ST-ZIP NORWALK CT 06851

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

C
Trostheim, John
650 Ackerman Road
Columbus, OH 43202-4500

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

H. Thomas Ryder

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H. Thomas Ryder
Secretary

1/29/97

(253) 699-8886

Daytime Phone #

CR2E034 (9/96)