


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90054 030 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000005920

1. Corporation Name
ABB SERVICE INC.



Principal Place of Business 800 NAVE ROAD SE MASSILLON OH 44646 US	Mailing Address ATTN: H. THOMAS RYDER 209 PROGRESS DRIVE MONTGOMERYVILLE PA 18936
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/29/1993	
4. FEI Number 23-2745794	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Trust Fund Contribution <input type="checkbox"/>	
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent C T COPORATION 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VEGA, JOHN J	1.2 NAME	
STREET ADDRESS	800 NAVE RD. SE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MASSILLON OH 44646	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNOLLY, JOHN J	2.2 NAME	
STREET ADDRESS	9050A RED BRANCH RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA MD 21045	2.4 CITY-ST-ZIP	
TITLE	VPT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPEAR, TRENT W	3.2 NAME	
STREET ADDRESS	800 NAVE RD. SE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MASSILLON OH 44646	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYDER, H. THOMAS	4.2 NAME	
STREET ADDRESS	209 PROGRESS DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MONTGOMERYVILLE PA 18936	4.4 CITY-ST-ZIP	
TITLE	AT <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, GARY J	5.2 NAME	
STREET ADDRESS	800 NAVE RD, S.E.	5.3 STREET ADDRESS	VP Michael DeCocco
CITY-ST-ZIP	MASSILLON OH 44646	5.4 CITY-ST-ZIP	800 Nave Rd, SE
TITLE	C <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROSTHEIM, JOHN	6.2 NAME	
STREET ADDRESS	650 ACKERMAN ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

H. Thomas Ryder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/99

Date

215-699-8886

Daytime Phone #

CR2E034 (11/98)