

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

FILED

Jan 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P15800** (6)
1. Corporation Name
ABB ENVIRONMENTAL SERVICES, INC.



Principal Place of Business
**511 CONGRESS ST
PORTLAND ME 04101
US**

Mailing Address
**PO BOX 7050
PORTLAND ME 04112-7050**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/02/1987	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 06-1190430	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. 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
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	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEMLER, ROBERT J	1.2 NAME	JACQUEL VAN GOOL
STREET ADDRESS	1400 LIVINGSTON AVE	1.3 STREET ADDRESS	2120 WASHINGTON BLVD SUITE 300
CITY-ST-ZIP	N BRUNSWICK NJ	1.4 CITY-ST-ZIP	ARLINGTON, VA 22204
TITLE	VT <input type="checkbox"/> DELETE	2.1 TITLE	ASST SECRETARY / ASST TREAS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VANHEMERT, MARGARET A	2.2 NAME	STANTON W GAVITT, JR
STREET ADDRESS	511 CONGRESS ST, PO BOX 7050	2.3 STREET ADDRESS	511 CONGRESS ST PO BOX 7050
CITY-ST-ZIP	PORTLAND ME	2.4 CITY-ST-ZIP	PORTLAND ME 04112
TITLE	VM <input checked="" type="checkbox"/> DELETE	3.1 TITLE	General Counsel / ASST SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, MICHAEL D	3.2 NAME	EUGENE E MADARA
STREET ADDRESS	850 ACKERMAN RD.	3.3 STREET ADDRESS	501 MERRITT CORPORATE PARK
CITY-ST-ZIP	COLUMBUS OH 43202	3.4 CITY-ST-ZIP	NORWALK, CT 06851
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASSEY, ANN E	4.2 NAME	
STREET ADDRESS	1400 CENTER PT BLVD, STE 158	4.3 STREET ADDRESS	
CITY-ST-ZIP	KNOXVILLE TN	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBERA, JOHN W	5.2 NAME	
STREET ADDRESS	2120 WASHINGTON BLVD., SUITE 300	5.3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON VA 22204	5.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAKELEY, KATHERINE M	6.2 NAME	
STREET ADDRESS	501 MERRITT 7 CORPORATE PARK	6.3 STREET ADDRESS	
CITY-ST-ZIP	NORWALK CT 06851	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 recorder 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

CR2E034 (10/97)