

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jan 29 1997 8:00am
Secretary of State

DOCUMENT # **P27250**

(0)

1. Corporation Name

ABB POWER GENERATION INC.



Principal Place of Business

**5309 COMMONWEALTH CENTRE PARKWAY
SUITE 400
MIDLOTHIAN VA 23113**

Mailing Address

**5309 COMMONWEALTH CENTRE PARKWAY
SUITE 400
MIDLOTHIAN VA 23112-2633**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

12/12/1989

3a. Date of Last Report

08/05/1996

4. FEI Number

22-2868096

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

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

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 3 or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **BRNILOVICH, ALEXANDER G JR.**
STREET ADDRESS **5309 COMMONWEALTH CENTRE PARKWAY**
CITY - ST - ZIP **MIDLOTHIAN VA 23112**

TITLE **V** ☐ DELETE

NAME **LINDGREN, STEFAN**
STREET ADDRESS **7821 SOUTH PARK PLAZA, SUITE 209**
CITY - ST - ZIP **LITTLETON CO 90120**

TITLE **V** ☐ DELETE

NAME **SCHNEIDER, DAVID**
STREET ADDRESS **1200 WILLIS ROAD**
CITY - ST - ZIP **RICHMOND VA 23237**

TITLE **V** ☐ DELETE

NAME **DELAY, ROBERT**
STREET ADDRESS **22310 20TH AVENUE S.E., SUITE 100**
CITY - ST - ZIP **BOTHELL WA 98021**

TITLE **VS** ☐ DELETE

NAME **PITTINGER, DAVID C**
STREET ADDRESS **5309 COMMONWEALTH CENTRE PARKWAY**
CITY - ST - ZIP **MIDLOTHIAN VA 23112**

TITLE **VPTC** ☐ DELETE

NAME **HOOKS, RICHARD S.**
STREET ADDRESS **5309 COMMONWEALTH CENTRE PARKWAY**
CITY - ST - ZIP **MIDLOTHIAN VA 23112**

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard S. Hooks VP Treasurer,

1/14/97

Date

804-763-2000

Daytime Phone

CR2E034 (9/96)