

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

FILED
Mar 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 23113
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 12/12/1989	
				4. FEI Number 22-2868096 Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				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 FL 85 Zip Code	
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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 _____ (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	BRNILOVICH, ALEXANDER G JR.			1.2 NAME			
STREET ADDRESS	5309 COMMONWEALTH CENTRE PARKWAY			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIDLOTHIAN VA 23112			1.4 CITY-ST-ZIP			
TITLE	V	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LINDGREN, STEFAN			2.2 NAME			
STREET ADDRESS	7921 SOUTH PARK PLAZA, SUITE 209			2.3 STREET ADDRESS	Delete		
CITY-ST-ZIP	LITTLETON CO 90120			2.4 CITY-ST-ZIP			
TITLE	V	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHNEIDER, DAVID			3.2 NAME	Delete		
STREET ADDRESS	1200 WILLIS ROAD			3.3 STREET ADDRESS			
CITY-ST-ZIP	RICHMOND VA 23237			3.4 CITY-ST-ZIP			
TITLE	V	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DELAY, ROBERT			4.2 NAME	Delete		
STREET ADDRESS	22310 20TH AVENUE S.E., SUITE 100			4.3 STREET ADDRESS			
CITY-ST-ZIP	BOTHELL WA 98021			4.4 CITY-ST-ZIP			
TITLE	VS	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PITTINGER, DAVID C			5.2 NAME			
STREET ADDRESS	5309 COMMONWEALTH CENTRE PARKWAY			5.3 STREET ADDRESS			
CITY-ST-ZIP	MIDLOTHIAN VA 23112			5.4 CITY-ST-ZIP			
TITLE	VPTC	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FOOKS, RICHARD S.			6.2 NAME			
STREET ADDRESS	5309 COMMONWEALTH CENTRE PARKWAY			6.3 STREET ADDRESS			
CITY-ST-ZIP	MIDLOTHIAN VA 23112			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 in an attachment with an address.

SIGNATURE *[Signature]* **DAVID C. PITTINGER** 3/13/98 804-763-2103

CR2E034 (10/97)