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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **P30090** **(5)**

1. Corporation Name
ABB CREDIT INC.

Principal Place of Business
ONE STAMFORD PLAZA
263 TRESSER BLVD., 11TH FL.
STAMFORD CT 06901
US

Mailing Address
P.O. BOX 120071
ONE STAMFORD PLAZA
STAMFORD CT 06912-0071
US

3. Date Incorporated or Qualified: **07/09/1990**

3a. Date of Last Report: **07/17/1996**

2. Principal Place of Business
21 One Stamford Plaza
Suite, Apt. #, etc.
22 263 Tresser Blvd.
City & State
23 Stamford, CT
Zip 24 06901 Country 25 USA

2a. Mailing Address
26 P.O. Box 120071
Suite, Apt. #, etc.
27 One Stamford Plaza
City & State
28 Stamford, CT
Zip 29 06912-0071 Country 30

4. FEI Number: **13-3551282** ☐ 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 (Typed or printed name of registered agent and date, 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	1.1 TITLE	☐ Change ☐ Addition
NAME	WATSON, FRANK	1.2 NAME	
STREET ADDRESS	263 TRESSER BLVD., 11TH FLR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	1.4 CITY-ST-ZIP	
TITLE	T ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KURNENTZ, JEFF	2.2 NAME	
STREET ADDRESS	263 TRESSER BLVD., 11TH FLR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	2.4 CITY-ST-ZIP	
TITLE	C ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	TONG, CLARENCE	3.2 NAME	
STREET ADDRESS	2496 65TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKLYN NY	3.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	LYON, BARRY	4.2 NAME	
STREET ADDRESS	900 LONG RIDGE ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	4.4 CITY-ST-ZIP	
TITLE	CD ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	LOWENHIELM, JOHAN	5.2 NAME	
STREET ADDRESS	NYBROKAJEN 15	5.3 STREET ADDRESS	
CITY-ST-ZIP	STOCKHOLM, SWEDEN	5.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	CARLQUIST, STEPHAN	6.2 NAME	
STREET ADDRESS	263 TRESSER BOULEVARD, 10TH FLOOR	6.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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] 3/14/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #