

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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  
STAMFORD CT 06901  
US**

Mailing Address

**PO BOX 120071  
ONE STAMFORD PLAZA  
STAMFORD CT 06912-0071  
US**

FILED  
Aug 26 1998 8:00am  
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

**07/09/1990**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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, typed 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 **WATSON, FRANK**  
STREET ADDRESS **263 TRESSER BLVD., 11TH FLR.**  
CITY-ST-ZIP **STAMFORD CT**

TITLE **T** ☐ DELETE

NAME **KURNENTZ, JEFF**  
STREET ADDRESS **263 TRESSER BLVD., 11TH FLR.**  
CITY-ST-ZIP **STAMFORD CT**

TITLE **C** ☐ DELETE

NAME **TONG, CLARENCE**  
STREET ADDRESS **2496 65TH STREET**  
CITY-ST-ZIP **BROOKLYN NY**

TITLE **S** ☐ DELETE

NAME **LYON, BARRY**  
STREET ADDRESS **900 LONG RIDGE ROAD**  
CITY-ST-ZIP **STAMFORD CT**

TITLE **CD** ☐ DELETE

NAME **LOWENHIELM, JOHAN**  
STREET ADDRESS **NYBROKAJEN 15**  
CITY-ST-ZIP **STOCKHOLM, SWEDEN**

TITLE **D** ☒ DELETE

NAME **CARLQUIST, STEPHAN**  
STREET ADDRESS **263 TRESSER BOULEVARD, 10TH FLOOR**  
CITY-ST-ZIP **STAMFORD CT**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☐ Change ☒ Addition

1.2 NAME **ARUN NAYAR**  
1.3 STREET ADDRESS **263 TRESSER BLVD., 11TH FLOOR**  
1.4 CITY-ST-ZIP **STAMFORD CT**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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.

SIGNATURE

SIGNATURE **CLARENCE TONG**

**08-23-98 10:25**

CR2E034 (5/98)