

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY 23 AM 10: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 819131 (4)

1. Corporation Name

ABB PROCESS AUTOMATION INC.

Principal Place of Business

Mailing Address

C/O CT CORPORATION SYSTEM
650 ACKERMAN ROAD
COLUMBUS OH 43202

C/O CT CORPORATION SYSTEM
650 ACKERMAN ROAD
COLUMBUS OH 43202

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/02/1965
3a. Date of Last Report 04/01/1994

2. Principal Place of Business

2a. Mailing Address

21 []

26 []

4. FEI Number 31-0668328
Applied For []
Not Applicable []

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired [] \$8.75 Additional Fee Required

23 City & State

28 City & State

6. Election Campaign Financing Trust Fund Contribution [] \$5.00 May Be Added to Fees

24 Zip

25 Country

29 Zip

30 Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [] Yes [] No

B. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME TROSTHEIM, JOHN
STREET ADDRESS 650 ACKERMAN RD
CITY - ST - ZIP COLUMBUS OH

1 1 TITLE
1 2 NAME
1 3 STREET ADDRESS
1 4 CITY - ST - ZIP

[] Change [] Addition

TITLE V
NAME O'DONNELL, MICHAEL P.
STREET ADDRESS 650 ACKERMAN RD.
CITY - ST - ZIP COLUMBUS OH

2 1 TITLE
2 2 NAME
2 3 STREET ADDRESS
2 4 CITY - ST - ZIP

[] Change [] Addition

TITLE T
NAME WALDORF, JOHN F. JR.
STREET ADDRESS 650 ACKERMAN RD.
CITY - ST - ZIP COLUMBUS OH

3 1 TITLE
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY - ST - ZIP

[] Change [] Addition

TITLE S
NAME MADARA, EUGENE E.
STREET ADDRESS 900 LONG RIDGE RD.
CITY - ST - ZIP STAMFORD CT

4 1 TITLE
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY - ST - ZIP

[X] Change [] Addition

501 MERRITT 7
NORWALK CT. 06856

TITLE D
NAME CENTERMAN, JORGEN
STREET ADDRESS 900 LONG RIDGE RD.
CITY - ST - ZIP STAMFORD CT

5 1 TITLE
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY - ST - ZIP

[X] Change [] Addition

501 MERRITT 7
NORWALK CT 06856

TITLE D
NAME LINDELOW, JAN H.
STREET ADDRESS 900 LONG RIDGE RD
CITY - ST - ZIP STAMFORD CT

6 1 TITLE
6 2 NAME
6 3 STREET ADDRESS
6 4 CITY - ST - ZIP

[] Change [X] Addition

D
PETER S. JANSON
501 MERRITT 7
NORWALK CT 06856

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

John F. Waldorf Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF DOMESTIC OFFICER OR DIRECTOR

John F. Waldorf, Jr. Treasurer 5/11/95 (614) 261-2000
Date Office Phone #