

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **819131** (4)

1. Corporation Name
ABB INDUSTRIAL SYSTEMS INC.



Principal Place of Business: **C/O CT CORPORATION SYSTEM, 650 ACKERMAN ROAD, COLUMBUS OH 43202**
Mailing Address: **C/O CT CORPORATION SYSTEM, 650 ACKERMAN ROAD, COLUMBUS OH 43202**

3. Date Incorporated or Qualified: **11/02/1965**
3a. Date of Last Report: **05/23/1995**
4. FEI Number: **31-0668328**
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

2. Principal Place of Business (21-23) and Mailing Address (24-30) details including Suite, City & State, and Zip/Country.

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 (81-84) details including Name, Street Address, City, and Zip Code (FL).

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: TROSTHEIM, JOHN	11 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 850 ACKERMAN RD	CITY-ST-ZIP: COLUMBUS OH	12 NAME:	
TITLE: V	NAME: O'DONNELL, MICHAEL P.	13 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 850 ACKERMAN RD.	CITY-ST-ZIP: COLUMBUS OH	14 CITY-ST-ZIP:	
TITLE: T	NAME: WALDORF, JOHN F. JR.	15 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 850 ACKERMAN RD.	CITY-ST-ZIP: COLUMBUS OH	16 NAME:	
TITLE: S	NAME: MADARA, EUGENE E.	17 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 501 MERRITT 7	CITY-ST-ZIP: NORWALK CT 06856	18 CITY-ST-ZIP:	
TITLE: D	NAME: CENTERMAN, JORGEN	19 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 501 MERRITT 7	CITY-ST-ZIP: NORWALK CT 06856	20 NAME:	
TITLE: D	NAME: JANSON, PETER S	21 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 501 MERRITT 7	CITY-ST-ZIP: NORWALK CT 06856	22 CITY-ST-ZIP:	
		23 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		24 NAME:	
		25 STREET ADDRESS:	
		26 CITY-ST-ZIP:	
		27 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		28 NAME:	
		29 STREET ADDRESS:	
		30 CITY-ST-ZIP:	

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 FILING OFFICER OR DIRECTOR: **John F. Waldorf, Jr., 6-6-96 6142612000**
Treasurer

CR2E034 (12/95)