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Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 819131 (4)
 1. Corporation Name
ABB INDUSTRIAL SYSTEMS INC.



Principal Place of Business 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 06/11/1996
4. FEI Number 31-0668328	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. 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		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 _____ DATE _____
(Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-nesting.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TROSTHEIM, JOHN	1.2 NAME	Donald P. Aiken
STREET ADDRESS	650 ACKERMAN RD	1.3 STREET ADDRESS	650 Ackerman
CITY-ST-ZIP	COLUMBUS OH	1.4 CITY-ST-ZIP	Columbus OH 43202
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	CFO and Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'DONNELL, MICHAEL P.	2.2 NAME	
STREET ADDRESS	650 ACKERMAN RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH	2.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALDORF, JOHN F. JR.	3.2 NAME	
STREET ADDRESS	650 ACKERMAN RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MADARA, EUGENE E.	4.2 NAME	
STREET ADDRESS	501 MERRITT 7	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORWALK CT 06858	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CENTERMAN, JORGEN	5.2 NAME	
STREET ADDRESS	501 MERRITT 7	5.3 STREET ADDRESS	
CITY-ST-ZIP	NORWALK CT 06858	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANSON, PETER S	6.2 NAME	
STREET ADDRESS	501 MERRITT 7	6.3 STREET ADDRESS	
CITY-ST-ZIP	NORWALK CT 06858	6.4 CITY-ST-ZIP	

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: *Michael P. O'Connell* **4/7/97** **6142612000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)

ABB INDUSTRIAL SYSTEMS INC.

DIRECTORS

JOHN TROSTHEIM

650 ACKERMAN ROAD
COLUMBUS, OH 43202

STEPHAN CARLQUST

501 MERRITT 7
NORWALK, CT 06856

JORGEN CENTERMAN

501 MERRITT 7
NORWALK, CT 06856

THOROLF DAMEN

501 MERRITT 7
NORWALK, CT 06856

PETER S. JANSON

501 MERRITT 7
NORWALK, CT 06856