

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

2 CKS

**FILED**  
**Jun 16, 1999 8:00 am**  
**Secretary of State**

06-16-1999 90021 099 \*\*\*150.00  
 06-16-1999 90021 100 \*\*\*400.00

0525331

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 819131**  
 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



DO NOT WRITE IN THIS SPACE

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	<b>31-0668328</b>	Not Applicable
22	City & State	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	Country	8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> 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
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	AIKEN, DONALD P.	
STREET ADDRESS	650 ACKERMAN RD	
CITY-ST-ZIP	COLUMBUS OH	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	FOOKS, RICHARD S	
STREET ADDRESS	650 ACKERMAN RD	
CITY-ST-ZIP	COLUMBUS OH 43202	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MADARA, EUGENE E.	
STREET ADDRESS	501 MERRITT 7	
CITY-ST-ZIP	NORWALK CT 06856	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CENTERMAN, JORGEN	
STREET ADDRESS	501 MERRITT 7	
CITY-ST-ZIP	NORWALK CT 06856	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JANSON, PETER S	
STREET ADDRESS	501 MERRITT 7	
CITY-ST-ZIP	NORWALK CT 06856	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: Eugene E. Madara 5-11-99 614 261 2447  
 SECRETARY Date Daytime Phone # (Tax Dept)

CRZE034 (1/98)