

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 847843

Entity Name: ABB DE INC.**Current Principal Place of Business:**305 GREGSON DRIVE
CARY, NC 27511**Current Mailing Address:**305 GREGSON DRIVE
CARY, NC 27511 US**FEI Number:** 36-3100018**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title ASSISTANT SECRETARY
Name SMITH, DAVID
Address 305 GREGSON DRIVE
City-State-Zip: CARY NC 27511

Title SECRETARY
Name ONUSCHECK, DAVID
Address 305 GREGSON DRIVE
City-State-Zip: CARY NC 27511

Title VICE PRESIDENT / TREASURER
Name HEALY, JOHN
Address 305 GREGSON DRIVE
City-State-Zip: CARY NC 27511

Title VP
Name SJOELIN, ANDERS
Address 305 GREGSON DRIVE
City-State-Zip: CARY NC 27511

Title DIRECTOR
Name ONUSCHECK, DAVID
Address 305 GREGSON DRIVE
City-State-Zip: CARY NC 27511

Title PRESIDENT
Name SCHEU, GREG
Address 305 GREGSON DRIVE
City-State-Zip: CARY NC 27511

Title DIRECTOR
Name SCHEU, GREG
Address 305 GREGSON DRIVE
City-State-Zip: CARY NC 27511

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAVID SMITH

ASSISTANT SECRETARY 03/26/2019

Electronic Signature of Signing Officer/Director Detail_____
Date