

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

APPROVED AND FILED

95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # **839874** (5)

1. Corporation Name
ABB FLAKT, INC.

Principal Place of Business Mailing Address

C/O TAX DEPARTMENT
900 LONG RIDGE RD.
STAMFORD CT 06904
US

C/O TAX DEPARTMENT
900 LONG RIDGE RD.
STAMFORD CT 06904
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt #, etc
501 Merritt 7

27 Suite, Apt #, etc
501 Merritt 7

23 City & State
Norwalk CT

28 City & State
Norwalk CT

24 Zip
06856

25 Country

29 Zip
06856

30 Country

3. Date Incorporated or Qualified **01/24/1978**

3a. Date of Last Report **06/01/1994**

4. FEI Number **59-1381489**

Applied For
Not Applicable

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 files returns for state income tax under:
Florida Statutes Yes 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

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 _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY, ST, ZIP | PD POWERS, T. H. 900 LONG RIDGE RD STAMFORD CT | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 501 Merritt 7 Norwalk CT 06856 |
| TITLE NAME STREET ADDRESS CITY, ST, ZIP | VPD RANDAZZO, R. P. 900 LONG RIDGE RD STAMFORD CT | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Vice President Thomas E. Mark 501 Merritt 7 Norwalk CT 06856 |
| TITLE NAME STREET ADDRESS CITY, ST, ZIP | VPSD BURT, R. M. 900 LONG RIDGE RD STAMFORD CT | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 501 Merritt 7 Norwalk, CT 06856 |
| TITLE NAME STREET ADDRESS CITY, ST, ZIP | T PHILLIPS, G. 900 LONG RIDGE RD STAMFORD CT | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 501 Merritt 7 Norwalk, CT 06856 |
| TITLE NAME STREET ADDRESS CITY, ST, ZIP | AT JEWELL, R. W. 900 LONG RIDGE RD STAMFORD CT | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 501 Merritt 7 Norwalk, CT 06856 |
| TITLE NAME STREET ADDRESS CITY, ST, ZIP | S BURT, RICHARD M. 900 LONG RIDGE ROAD STAMFORD CT | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 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 110.07(3)(b), 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 incorporator or the person 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 in combination with an officer.

SIGNATURE: *Richard W. Jewell*
SIGNATURE AND TITLE OR NUMBER NAME OF SIGNING OFFICER OR DIRECTOR
Richard W. Jewell **Asst. Treasurer**

4/27/95 (203) 750-2200
Date Office Phone