

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **839874** (5)  
1. Corporation Name  
**ABB FLAKT, INC.**



Principal Place of Business: 501 MERRITT 7, 900 LONG RIDGE RD., NORWALK CT 06856 US  
Mailing Address: 501 MERRITT 7, 900 LONG RIDGE RD., NORWALK CT 06856 US

3. Date Incorporated or Qualified: **01/24/1978**  
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: 21 **ONE STAMFORD PLAZA**  
22 Suite, Apt. #, etc.  
23 **STAMFORD, CT**  
24 **06901** 25 **USA**  
2a. Mailing Address: 26 **P.O. Box 120071**  
27 Suite, Apt. #, etc.  
28 **STAMFORD, CT**  
29 **06912-0071** 30 **USA**

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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	POWERS, T. H.	
STREET ADDRESS	507 MERRITT 7	
CITY-ST-ZIP	NORWALK CT	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MARK, TOMAS E	
STREET ADDRESS	501 MERRITT 7	
CITY-ST-ZIP	NORWALK CT	
TITLE	VPSD	<input type="checkbox"/> DELETE
NAME	BURT, R. M.	
STREET ADDRESS	501 MERRITT 7	
CITY-ST-ZIP	NORWALK CT	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PHILLIPS, G.	
STREET ADDRESS	501 MERRITT 7	
CITY-ST-ZIP	NORWALK CT	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	JEWELL, R. W.	
STREET ADDRESS	501 MERRITT 7	
CITY-ST-ZIP	NORWALK CT	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BURT, RICHARD M.	
STREET ADDRESS	501 MERRITT 7	
CITY-ST-ZIP	NORWALK	

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 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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/16/96**  
Daytime Phone #

CR2E034 (12/95)