

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

**FILED**  
**Mar 25 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # 839874 (5)**

1. Corporation Name  
**ABB FLAKT, INC.**



Principal Place of Business <b>ONE STAMFORD PLAZA  <del>500 LONG RIDGE RD.</del>                  STAMFORD CT 06901                  US</b>	Mailing Address <b>PO BOX 120071  <del>500 LONG RIDGE RD.</del>                  STAMFORD CT 06912-0071                  US</b>
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 ONE STAMFORD PLAZA</b> Suite, Apt. #, etc. <b>22 11<sup>th</sup> FLOOR</b> City & State <b>23 STAMFORD CT</b> Zip <b>24 06901-3219</b> Country <b>25 USA</b>	2a. Mailing Address <b>26 P.O. BOX 120071</b> Suite, Apt. #, etc. City & State <b>28 STAMFORD CT</b> Zip <b>29 06912-0071</b> Country <b>30 USA</b>	3. Date Incorporated or Qualified <b>01/24/1978</b>	4. FEI Number <b>59-1381489</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM                  1200 S. PINE ISLAND ROAD                  PLANTATION FL 33324</b>		10. Name and Address of New Registered Agent		
		81 Name		
		82 Street Address (P.O. Box Number is Not Acceptable)		
		83		
		84 City	<b>FL</b>	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POWERS, T. H.</b>	1.2 NAME	
STREET ADDRESS	<b>507 MERRITT 7</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NORWALK CT</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MARK, TOMAS E</b>	2.2 NAME	<b>TREASURER</b>
STREET ADDRESS	<b>501 MERRITT 7</b>	2.3 STREET ADDRESS	<b>PHILLIP WIDMAN</b>
CITY-ST-ZIP	<b>NORWALK CT</b>	2.4 CITY-ST-ZIP	<b>501 MERRITT 7</b>
TITLE	<b>VPSD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURT, R. M.</b>	3.2 NAME	
STREET ADDRESS	<b>501 MERRITT 7</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NORWALK CT</b>	3.4 CITY-ST-ZIP	
TITLE	<b>AT</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JEWELL, R. W.</b>	4.2 NAME	
STREET ADDRESS	<b>ONE STAMFORD PLAZA</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>STAMFORD CT</b>	4.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURT, RICHARD M.</b>	5.2 NAME	
STREET ADDRESS	<b>501 MERRITT 7</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NORWALK</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *R.W. Jewell* **R.W. JEWELL**  
**ASST. TREASURER** 2/26/98

CR2E034 (10/97)