

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 + 8.75 = 233.75

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **845473** (8)

1. Corporation Name
ABB RANDALL CORPORATION



Principal Place of Business Mailing Address
~~501 MERRITT 7~~
~~P.O. BOX 5308~~
~~NORWALK CT 06856-3308~~
~~US~~
~~501 MERRITT 7~~
~~P.O. BOX 5308 NORWALK, CT~~
~~NORWALK CT 06856-3308~~
~~US~~

3. Date Incorporated or Qualified **03/12/1980** 3a. Date of Last Report **04/25/1995**
4. FEI Number **74-2029964** 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

2. Principal Place of Business 2a. Mailing Address
21 **10255 RICHMOND** 26 **12141 WICKCHESTER**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **HOUSTON TX 77042** 27 **HOUSTON TX 77079**
City & State City & State
23 **HOUSTON TX 77042** 28 **HOUSTON TX 77079**
Zip Country Zip Country
24 **77042** 25 **USA** 29 **77079** 30 **USA**

g. 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 **FL** 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 provisions of, Section 607.0505, Florida Statutes.
SIGNATURE *Charles J. McGregor* N/A 8/1/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUEBEL, R.	1.2 NAME	
STREET ADDRESS	10255 RICHMOND	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	1.4 CITY-ST-ZIP	
TITLE	ATD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	ASSIST TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEEHAN, J. R.	2.2 NAME	CHARLES J. McGregor
STREET ADDRESS	1515 BROAD ST	2.3 STREET ADDRESS	12141 WICKCHESTER
CITY-ST-ZIP	BLOOMFIELD NJ	2.4 CITY-ST-ZIP	HOUSTON TX 77079
TITLE	AS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, G. J.	3.2 NAME	
STREET ADDRESS	1515 BROAD ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	BLOOMFIELD NJ	3.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAUER, G H JR	4.2 NAME	M. Duplantier
STREET ADDRESS	900 LONG RIDGE RD.	4.3 STREET ADDRESS	12141 WICKCHESTER
CITY-ST-ZIP	STAMFORD CT	4.4 CITY-ST-ZIP	HOUSTON TX 77079
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTERS, B.	5.2 NAME	
STREET ADDRESS	10255 RICHMOND	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, R A	6.2 NAME	
STREET ADDRESS	10255 RICHMOND	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	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: *Charles J. McGregor* 8/1/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (12/95)