

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 17 AM 10:34

DOCUMENT # P08664 (5)
1. Corporation Name
L S TRANSIT SYSTEMS, INC.

Principal Place of Business Mailing Address
1515 BROAD STREET BLOOMFIELD NJ 07003-3069 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/30/1985** 3a. Date of Last Report **06/29/1994**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FBI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		22-2593414	Not Applicable
22	23	27	28	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	City & State		City & State			
24	25	29	30	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
	Zip		Country			
				8.	This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	FL	85

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGEL, ALBRECHT P.	1.2 NAME	
STREET ADDRESS	1515 BROAD STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	BLOOMFIELD NJ	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEINSOD, STANLEY G.	2.2 NAME	
STREET ADDRESS	1515 BROAD STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	BLOOMFIELD NJ	2.4 CITY - ST - ZIP	
TITLE	VT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTWIG, GARRY A.	3.2 NAME	
STREET ADDRESS	1515 BROAD STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	BLOOMFIELD NJ	3.4 CITY - ST - ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEISSENHEIMER, HAROLD H.	4.2 NAME	
STREET ADDRESS	1515 BROAD STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	BLOOMFIELD NJ	4.4 CITY - ST - ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORDHAM, DENNIS	5.2 NAME	
STREET ADDRESS	1515 BROAD ST.	5.3 STREET ADDRESS	
CITY - ST - ZIP	BLOOMFIELD NJ	5.4 CITY - ST - ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANGNUSON, MARY	6.2 NAME	
STREET ADDRESS	1515 BROAD STREET	6.3 STREET ADDRESS	
CITY - ST - ZIP	BLOOMFIELD NJ	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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE: *Garry A. Hartwig*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/95
DATE

(201) 893-6000
TELEPHONE NUMBER