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Jan 24 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P08664 (5)

1. Corporation Name
L S TRANSIT SYSTEMS, INC.



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

Mailing Address
1515 BROAD STREET
BLOOMFIELD NJ 07003-3002
US

3. Date Incorporated or Qualified 12/30/1985	3a. Date of Last Report 02/20/1996
4. FEI Number 22-2593414	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	29 Zip
25 Country	30 Country

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

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ENGEL, ALBRECHT P.	
STREET ADDRESS	1515 BROAD STREET	
CITY-ST-ZIP	BLOOMFIELD NJ	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FEINSOD, STANLEY G.	
STREET ADDRESS	1515 BROAD STREET	
CITY-ST-ZIP	BLOOMFIELD NJ	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	HARTWIG, GARRY A.	
STREET ADDRESS	1515 BROAD STREET	
CITY-ST-ZIP	BLOOMFIELD NJ	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	GEISSENHEIMER, HAROLD H.	
STREET ADDRESS	1515 BROAD STREET	
CITY-ST-ZIP	BLOOMFIELD NJ	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FORDHAM, DENNIS	
STREET ADDRESS	1515 BROAD ST.	
CITY-ST-ZIP	BLOOMFIELD NJ	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MANGNUSON, MARY	
STREET ADDRESS	1515 BROAD STREET	
CITY-ST-ZIP	BLOOMFIELD NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Totillo, Robert	
1.3 STREET ADDRESS	420 Lexington Avenue, Suite 540	
1.4 CITY-ST-ZIP	New York, NY 10170	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Feinsod, Stanley G.	
2.3 STREET ADDRESS	One Ecker Street, Suite 350	
2.4 CITY-ST-ZIP	San Francisco, CA 94105-2752	
3.1 TITLE	TS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Hartwig, Garry A.	
3.3 STREET ADDRESS	1515 Broad Street	
3.4 CITY-ST-ZIP	Bloomfield, NJ 07003	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Simony, Maurice	
4.3 STREET ADDRESS	5 Avenue du Coq	
4.4 CITY-ST-ZIP	75009 Paris, France	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Rochet, Pierre-Louis	
5.3 STREET ADDRESS	5 Avenue du Coq	
5.4 CITY-ST-ZIP	75009 Paris, France	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Bougard, Jean-Francois	
6.3 STREET ADDRESS	21 Bvd. Bourdon	
6.4 CITY-ST-ZIP	75004 Paris, France	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ DATE: 1-17-97 DAYTIME PHONE # _____

CR2E034 (9/96)