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Mar 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 07003-3069 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/30/1985	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 22-2593414	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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
				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 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	PD	<input type="checkbox"/> DELETE	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	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	Director = D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FEINSOD, STANLEY G.		2.2 NAME	Maurice Simony	
STREET ADDRESS	1515 BROAD STREET		2.3 STREET ADDRESS	5/7 Avenue du Cag	
CITY-ST-ZIP	BLOOMFIELD NJ		2.4 CITY-ST-ZIP	75009 Paris, France	
TITLE	VT	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input checked="" 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	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	Director = D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEISSENHEIMER, HAROLD H.		4.2 NAME	Jean-Francois Bougard	
STREET ADDRESS	1515 BROAD STREET		4.3 STREET ADDRESS	21 Blvd Bourdon	
CITY-ST-ZIP	BLOOMFIELD NJ		4.4 CITY-ST-ZIP	75004 Paris, France	
TITLE	V	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	Director = D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FORDHAM, DENNIS		5.2 NAME	Pierre-Louis Rochet	
STREET ADDRESS	1515 BROAD ST.		5.3 STREET ADDRESS	5/7 Avenue du Cag	
CITY-ST-ZIP	BLOOMFIELD NJ		5.4 CITY-ST-ZIP	75009 Paris, France	
TITLE	V	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	Director = D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANGNUSON, MARY		6.2 NAME	Robert Totillo	
STREET ADDRESS	1515 BROAD STREET		6.3 STREET ADDRESS	420 Lexington Avenue, Suite 540	
CITY-ST-ZIP	BLOOMFIELD NJ		6.4 CITY-ST-ZIP	New York, NY 10170	

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: *Sandra B. Mortham* 942892-1000

CR2E034 (10/97)