

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

000244

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90084 024 ***150.00

DOCUMENT # P08664

1. Corporation Name
~~LS TRANSIT SYSTEMS, INC.~~ *Systra Consulting, Inc.*
(changed w/ Amendment over on 1-22-99)



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/30/1985	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				22-2593414	
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		30. Country		8. This corporation owes the current year Intangible Personal Property Tax.	
				<input checked="" type="checkbox"/> Yes <input 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 _____ (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	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	SIMONY, MAURICE		2.2 NAME	Fa, Pierre			
STREET ADDRESS	5/7 AVE COQ		2.3 STREET ADDRESS	5 Avenue du Coq			
CITY-ST-ZIP	75009 PARIS FR		2.4 CITY-ST-ZIP	75009 Paris, France			
TITLE	VT	<input type="checkbox"/> DELETE	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	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	BOUGARD, JEAN FRANCOIS		4.2 NAME	Ossent, Thierry			
STREET ADDRESS	21 BVD DOURDON		4.3 STREET ADDRESS	5 Avenue du Coq			
CITY-ST-ZIP	75004 PARIS FR		4.4 CITY-ST-ZIP	75009 Paris, France			
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	ROCHET, PIERRE - LOUIS		5.2 NAME	Hugonnard, Jean-Christophe			
STREET ADDRESS	5/7 AVE DUE COQ		5.3 STREET ADDRESS	5 Avenue du Coq			
CITY-ST-ZIP	75009 PARIS FR		5.4 CITY-ST-ZIP	75009 Paris, France			
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOTILLO, ROBERT		6.2 NAME				
STREET ADDRESS	420 LEXINGTON AVE SUITE 540		6.3 STREET ADDRESS				
CITY-ST-ZIP	NEW YORK NY 10170		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, with all other like empowered.

SIGNATURE: _____ DATE: 4.7.99 DAYTIME PHONE #: 973.893.6000

CR2E034 (11/98)