

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F93000004374 (5)**

1. Corporation Name
VON ROLL TRAMWAYS INC.



Principal Place of Business: **753 W. MAIN ST. WATERTOWN NY 13601**
 Mailing Address: **753 W. MAIN ST. WATERTOWN NY 13601**

3. Date Incorporated or Qualified: **09/24/1993**
 3a. Date of Last Report: **01/25/1995**
 4. FEI Number: **22-2329517**
 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: 21, 22, 23, 24
 2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 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 607.0602 and 607.1503, 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 607.0605, Florida Statutes.

SIGNATURE DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | DC | <input type="checkbox"/> DELETE |
| NAME | BAUMANN, PETER | |
| STREET ADDRESS | FABRIKSTRASSE #2 | |
| CITY-STATE-ZIP | CH-3001 BERN, SWITZERLAND | |
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | BEE, MARK T | |
| STREET ADDRESS | 753 WEST MAIN ST. | |
| CITY-STATE-ZIP | WATERTOWN NY 13601 | |
| TITLE | DS | <input type="checkbox"/> DELETE |
| NAME | BEEBE, WALTER | |
| STREET ADDRESS | 77 WATER ST. | |
| CITY-STATE-ZIP | NEW YORK NY 10005 | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | WOLLUM, LAURENCE | |
| STREET ADDRESS | 753 WEST MAIN ST. | |
| CITY-STATE-ZIP | WATERTOWN NY 13601 | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | BLOMER, RED | |
| STREET ADDRESS | 753 WEST MAIN ST. | |
| CITY-STATE-ZIP | WATERTOWN NY 13601 | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | ROZELL, LAURA | |
| STREET ADDRESS | 753 WEST MAIN ST. | |
| CITY-STATE-ZIP | WATERTOWN NY 13601 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|----------------------------|--|
| TITLE | DC | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PETER, WILLI | |
| STREET ADDRESS | FABRIKSTRASSE # 2 | |
| CITY-STATE-ZIP | CH 3001, BERN, SWITZERLAND | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-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 supplementary 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 in an attachment with an address.

SIGNATURE: *Laura Rozell, Treasurer*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LAURA ROZELL

3/12/96 315-788-1280
 Date Office Phone

CR2E034 (12/95)