

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

FILED
May 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000000063 (5)
 1. Corporation Name
LEASEWAY TRANSPORTATION SUPPORT SERVICES, INC.



Principal Place of Business RT 10 GREEN HILLS READING PA 19603	Mailing Address RT 10 GREEN HILLS READING PA 19606-9810
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3. Date Incorporated or Qualified 01/03/1996	3a. Date of Last Report
4. FEI Number 34-1034007	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	2a. Mailing Address RT 10 GREEN HILLS
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc. P O BOX 1321
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH 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
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 officer 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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	HARD, BRIAN	
STREET ADDRESS	RT 10 GREEN HILLS	
CITY - ST - ZIP	READING PA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	AVTJOGLOU, ANDREAS	
STREET ADDRESS	RT 10 GREEN HILLS	
CITY - ST - ZIP	READING PA	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SNYDER, RONALD E	
STREET ADDRESS	3700 PARK EAST DR.	
CITY - ST - ZIP	CLEVELAND OH	
TITLE	D & SA VP	<input type="checkbox"/> DELETE
NAME	COCUZZA, FRANK	
STREET ADDRESS	RT 10 GREEN HILLS	
CITY - ST - ZIP	READING PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROSEN, JAMES A	
STREET ADDRESS	RT 10 GREEN HILLS	
CITY - ST - ZIP	READING PA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ANGELBECK, WAYNE S	
STREET ADDRESS	RT 10 GREEN HILLS	
CITY - ST - ZIP	READING PA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SECRETARY
3.3 STREET ADDRESS	MICHAEL A DUFF
3.4 CITY - ST - ZIP	RT 10 GREEN HILLS
3.4 CITY - ST - ZIP	READING PA 19607
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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: _____ **SIGNING OFFICER OR DIRECTOR** _____
(Signature and typed or printed name of signing officer or director) Date Daytime Phone #

CR2E034 (9/96)

FKA LEASEWAY TRANSPORTATION SUPPORT SERVICES, INC.
PENSKE LOGISTICS SUPPORT SERVICES, INC.

DIRECTORS:

BRIAN HARD	RT 10 GREEN HILLS READING, PA 19607
FRANK COCUZZA	RT 10 GREEN HILLS READING, PA 19607
JAMES A. ROSEN	RT 10 GREEN HILLS READING, PA 19607

OFFICERS:

TITLE:

ADDRESS:

BRIAN HARD	Chairman of the Board & President	RT 10 GREEN HILLS READING, PA 19607
FRANK COCUZZA	Senior Vice President	RT 10 GREEN HILLS READING, PA 19607
WAYNE S. ANGELBECK	Vice President & Treasurer	RT 10 GREEN HILLS READING, PA 19607
ANDREAS AVTJOGLOU	Vice President & Controller	RT 10 GREEN HILLS READING, PA 19607
JOHN P. McFADDEN	Vice President & Assistant Controller	3401 ENTERPRISE PKWY CLEVELAND, OH 44122
CARLOS QUESTELL	Vice President - Real Estate	RT 10 GREEN HILLS READING, PA 19607
MARC E. ALTHEN	Vice President - Environmental Serv	RT 10 GREEN HILLS READING, PA 19607
MICHAEL A. DUFF	Secretary	RT 10 GREEN HILLS READING, PA 19607
DAVID J. BATTISTI	Assistant Secretary	RT 10 GREEN HILLS READING, PA 19607

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4/18/97