

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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 07003-3069
US

3. Date Incorporated or Qualified

12/30/1985

3a. Date of Last Report

03/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

22-2593414

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ 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 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

(Signatures, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME ENGEL, ALBRECHT P.

1.2 NAME

STREET ADDRESS 1515 BROAD STREET

1.3 STREET ADDRESS

CITY-STATE-ZIP BLOOMFIELD NJ

1.4 CITY-STATE-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME FEINSOD, STANLEY G.

2.2 NAME

STREET ADDRESS 1515 BROAD STREET

2.3 STREET ADDRESS

CITY-STATE-ZIP BLOOMFIELD NJ

2.4 CITY-STATE-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME HARTWIG, GARRY A.

3.2 NAME

STREET ADDRESS 1515 BROAD STREET

3.3 STREET ADDRESS

CITY-STATE-ZIP BLOOMFIELD NJ

3.4 CITY-STATE-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME GEISSENHEIMER, HAROLD H.

4.2 NAME

STREET ADDRESS 1515 BROAD STREET

4.3 STREET ADDRESS

CITY-STATE-ZIP BLOOMFIELD NJ

4.4 CITY-STATE-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME FORDHAM, DENNIS

5.2 NAME

STREET ADDRESS 1515 BROAD ST.

5.3 STREET ADDRESS

CITY-STATE-ZIP BLOOMFIELD NJ

5.4 CITY-STATE-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME MANGNUSON, MARY

6.2 NAME

STREET ADDRESS 1515 BROAD STREET

6.3 STREET ADDRESS

CITY-STATE-ZIP BLOOMFIELD NJ

6.4 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-96

201 893 6000

Date

Daytime Phone #

CR2E034 (12/95)