

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

05 MAR 23 AM 11:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **815286** (0)

1. Corporation Name  
**LEUCADIA, INC.**

Principal Place of Business  
**315 PARK AVENUE SOUTH  
NEW YORK NEW YORK 10010**

Mailing Address  
**315 PARK AVENUE SOUTH  
NEW YORK NEW YORK 10010**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>05/19/1961</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>13-5425430</b>	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21	26	27	30
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.	
23. City & State		28. City & State	
24. Zip	25. Country	29. Zip	30. Country

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	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>STEINBERG, JOSEPH S.</b>
STREET ADDRESS	<b>84 REMSEN ST</b>
CITY - ST - ZIP	<b>BROOKLYN NY</b>
TITLE	<b>S</b>
NAME	<b>KLINDTWORTH, R.</b>
STREET ADDRESS	<b>138 PARK AVENUE</b>
CITY - ST - ZIP	<b>EASTCHESTER NY</b>
TITLE	<b>V</b>
NAME	<b>MARA, THOMAS E.</b>
STREET ADDRESS	<b>508 HAMPTON HILL</b>
CITY - ST - ZIP	<b>FRANKLIN LKS. NJ</b>
TITLE	<b>VPC</b>
NAME	<b>ORLANDO, JOSEPH A</b>
STREET ADDRESS	<b>3 CIDER MILL FARM</b>
CITY - ST - ZIP	<b>SO SALEM NY</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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; that the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ruth Klindtworth* **3-13-95** **212 460-1900**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #