

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

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Jun 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

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 10010-3807

3. Date Incorporated or Qualified 05/19/1961	3a. Date of Last Report 06/19/1996
4. FEI Number 13-5425430	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 type="checkbox"/> No	

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

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		Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when resigning)		DATE									
12. OFFICERS AND DIRECTORS								13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE	P	NAME	STEINBERG, JOSEPH S.	<input type="checkbox"/> DELETE	1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition								
STREET ADDRESS	84 REMSEN ST	12 NAME	STEINBERG, JOSEPH S.		1.2 NAME	STEINBERG, JOSEPH S.									
CITY-ST-ZIP	BROOKLYN NY	13 STREET ADDRESS	84 REMSEN STREET		1.3 STREET ADDRESS	84 REMSEN STREET									
		14 CITY-ST-ZIP	BROOKLYN, NY 11201		1.4 CITY-ST-ZIP	BROOKLYN, NY 11201									
TITLE	S	NAME	KLINDTWORTH, R.	<input type="checkbox"/> DELETE	2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition								
STREET ADDRESS	138 PARK AVENUE	2.2 NAME	KLINDTWORTH, RUTH		2.2 NAME	KLINDTWORTH, RUTH									
CITY-ST-ZIP	EASTCHESTER NY	2.3 STREET ADDRESS	138 PARK AVENUE		2.3 STREET ADDRESS	138 PARK AVENUE									
		2.4 CITY-ST-ZIP	EASTCHESTER, NY 10707		2.4 CITY-ST-ZIP	EASTCHESTER, NY 10707									
TITLE	V	NAME	MARA, THOMAS E.	<input type="checkbox"/> DELETE	3.1 TITLE	V/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition								
STREET ADDRESS	6 SHINNECOCK TRAIL	3.2 NAME	MARA, THOMAS E.		3.2 NAME	MARA, THOMAS E.									
CITY-ST-ZIP	FRANKLIN LAKES NJ	3.3 STREET ADDRESS	6 SHINNECOCK TRAIL		3.3 STREET ADDRESS	6 SHINNECOCK TRAIL									
		3.4 CITY-ST-ZIP	FRANKLIN LAKES, NJ 07417		3.4 CITY-ST-ZIP	FRANKLIN LAKES, NJ 07417									
TITLE	VPC	NAME	ORLANDO, JOSEPH A.	<input type="checkbox"/> DELETE	4.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition								
STREET ADDRESS	18 TWIN LAKES ROAD	4.2 NAME	ORLANDO, JOSEPH A.		4.2 NAME	ORLANDO, JOSEPH A.									
CITY-ST-ZIP	SOUTH SALEM NY	4.3 STREET ADDRESS	58 PLEASANT RIDGE ROAD		4.3 STREET ADDRESS	58 PLEASANT RIDGE ROAD									
		4.4 CITY-ST-ZIP	HARRISON, NY 10528		4.4 CITY-ST-ZIP	HARRISON, NY 10528									
TITLE		NAME		<input type="checkbox"/> DELETE	5.1 TITLE	C/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition								
STREET ADDRESS		5.2 NAME			5.2 NAME	CUMMING, IAN M.									
CITY-ST-ZIP		5.3 STREET ADDRESS			5.3 STREET ADDRESS	1470 MILITARY WAY									
		5.4 CITY-ST-ZIP			5.4 CITY-ST-ZIP	SALT LAKE CITY, UT 84103									
TITLE		NAME		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition								
STREET ADDRESS		6.2 NAME			6.2 NAME										
CITY-ST-ZIP		6.3 STREET ADDRESS			6.3 STREET ADDRESS										
		6.4 CITY-ST-ZIP			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: *[Signature]* 5-22-97

CR2E034 (9/96)