

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

FILED

**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
---	--



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

3 Date Incorporated or Qualified 05/19/1961	3a Date of Last Report 06/19/1996
4 FEI Number 13-5425430	Applied For <input type="checkbox"/> 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	

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

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 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 _____ (NOTE: Registered Agent's signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	STEINBERG, JOSEPH S.	
STREET ADDRESS	84 REMSEN ST	
CITY-ST-ZIP	BROOKLYN NY	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KLINDTORTH, R.	
STREET ADDRESS	138 PARK AVENUE	
CITY-ST-ZIP	EASTCHESTER NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MARA, THOMAS E.	
STREET ADDRESS	6 SHINNECOCK TRAIL	
CITY-ST-ZIP	FRANKLIN LAKES NJ	
TITLE	VPC	<input type="checkbox"/> DELETE
NAME	ORLANDO, JOSEPH A	
STREET ADDRESS	18 TWIN LAKES ROAD	
CITY-ST-ZIP	SOUTH SALEM NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	STEINBERG, JOSEPH S.	
13 STREET ADDRESS	84 REMSEN STREET	
14 CITY-ST-ZIP	BROOKLYN, NY 11201	
21 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	KLINDTORTH, RUTH	
23 STREET ADDRESS	138 PARK AVENUE	
24 CITY-ST-ZIP	EASTCHESTER, NY 10707	
31 TITLE	V/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	MARA, THOMAS E.	
33 STREET ADDRESS	6 SHINNECOCK TRAIL	
34 CITY-ST-ZIP	FRANKLIN LAKES, NJ 07417	
41 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	ORLANDO, JOSEPH A.	
43 STREET ADDRESS	58 PLEASANT RIDGE ROAD	
44 CITY-ST-ZIP	HARRISON, NY 10528	
51 TITLE	C/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	CUMMING, IAN M.	
53 STREET ADDRESS	1470 MILITARY WAY	
54 CITY-ST-ZIP	SALT LAKE CITY, UT 84103	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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: *Ruth Klindtorth* **5-22-97**

CR2E034 (9/96)