

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

**FILED**  
**Jun 02 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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, NY 10010**  
 Mailing Address: **c/o JUDY Y. LAU 315 PARK AVENUE SOUTH NEW YORK, NY 10010**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:  
 21 Suite, Apt #, etc.  
 22 City & State  
 23 Zip Country  
 24 25

2a. Mailing Address:  
 26 State, Apt #, etc.  
 27 City & State  
 28 Zip Country  
 29 30

3. Date Incorporated or Qualified: **05/19/1961**

4. FEI Number: **13-5425430** Applied For:  Not Applicable:

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  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  
 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 607.01007 and 607.0508, 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: \_\_\_\_\_ (Name of Registered Agent Required when Recording) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**P/D**  
**STEINBERG, JOSEPH S.**  
**84 REMSEN STREET**  
**BROOKLYN, NY 11201**

**S**  
**ULBRANDT, LAURA E.**  
**39 TOWNSEND BOULEVARD**  
**POUGHKEEPSIE, NY 12603**

**V/T/D**  
**MARA, THOMAS E.**  
**6 SHINNECOCK TRAIL**  
**FRANKLIN LAKES, NJ 07417**

**V**  
**ORLANDO, JOSEPH A.**  
**58 PLEASANT RIDGE ROAD**  
**HARRISON, NY 10528**

**C/D**  
**CUMMING, IAN M.**  
**1470 MILITARY WAY**  
**SALT LAKE CITY, UT 84103**

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14. I hereby certify that the information appears on 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 filing is a true and accurate copy of the information reported to me 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 business entity being incorporated 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 omitted. My address is: \_\_\_\_\_

SIGNATURE: *Laura E. Ulbrandt* DATE: *5/9/98* 2124601977

CR2E034 (10/97)