

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 # 825725 (5)

1. Corporation Name

AMERICAN TRANSIT CORP.



Principal Place of Business

% SEQUA CORP.
THREE UNIVERSITY PLAZA
HACKENSACK NJ 07601-6208

Mailing Address

% SEQUA CORP.
THREE UNIVERSITY PLAZA
HACKENSACK NJ 07601-6208

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

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/04/1971

3a. Date of Last Report

04/25/1995

4. FEI Number

43-0672581

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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 first filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
PD
QUICKE, JOHN J.
STREET ADDRESS
200 PARK AVE
CITY-ST-ZIP
NEW YORK NY

TITLE ☐ DELETE

NAME
VSD
DOWLING, JOHN J., III
STREET ADDRESS
120 S CENTRAL
CITY-ST-ZIP
ST LOUIS MO

TITLE ☐ DELETE

NAME
VT
ADLMAN, MONROE
STREET ADDRESS
200 PARK AVENUE
CITY-ST-ZIP
NEW YORK NY

TITLE ☐ DELETE

NAME
D
KSIAZEK, WILLIAM P.
STREET ADDRESS
3 UNIVERSITY PLAZA
CITY-ST-ZIP
HACKENSACK NJ

TITLE ☐ DELETE

NAME
AT
KADE, JENNY
STREET ADDRESS
200 PARK AVE.
CITY-ST-ZIP
NEW YORK NY

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3.1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5.1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE

62 NAME

63 STREET ADDRESS

64 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 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:

Monroe Adlman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MONROE ADLMAN

3/27/96

600343-1122

CR2E034 (12/95)