

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90113 003 \*\*\*150.00

DOCUMENT # 825725

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/04/1971

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ATO ☐ DELETE  
NAME BLICKENSDECKER, MICHAEL  
STREET ADDRESS 3 UNIVERSITY PLZ  
CITY-ST-ZIP HACKENSACK NJ 07601

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

*Michael Blickensderfer* REQUIRED MICHAEL BLICKENSDECKER 3/19/99 (201) 343-1172

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)