

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

FILED

May 12 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F93000003915 (6)**

1. Corporation Name  
**LIDLAW TRANSIT MANAGEMENT COMPANY, INC.**



Principal Place of Business <b>3221 NORTH SERVICE ROAD BURLINGTON, ONTARIO CANADA L7R 3Y8</b>	Mailing Address <b>P.O. BOX 5028 BURLINGTON, ONTARIO CANADA L7R 3Y8</b>
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3. Date Incorporated or Qualified <b>08/27/1993</b>	3a. Date of Last Report <b>03/18/1996</b>
4. FEI Number <b>23-2320563</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" 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 25	29 30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH 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
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	POD <input type="checkbox"/> DELETE	1.1 TITLE	POD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAINGER, JOHN R	1.2 NAME	John R. Grainger
STREET ADDRESS	181 GLENVIEW DRIVE	1.3 STREET ADDRESS	3221 North Service Road
CITY-ST-ZIP	MISSISSAUGA, ONT., CANADA	1.4 CITY-ST-ZIP	Burlington, ONT. CANADA L7R 3Y8
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BYRNE, ROBERT H	2.2 NAME	Dick van Wyck
STREET ADDRESS	2094 GORDIE TAPP CRESCENT	2.3 STREET ADDRESS	3221 North Service Road
CITY-ST-ZIP	BURLINGTON, ONT., CANADA	2.4 CITY-ST-ZIP	Burlington, ONT. CANADA L7R 3Y8
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JARRETT, ROBERT E	3.2 NAME	Michael Forsayeth
STREET ADDRESS	RR 3	3.3 STREET ADDRESS	3221 North Service Road
CITY-ST-ZIP	CAMBELLVILLE ON	3.4 CITY-ST-ZIP	Burlington, ONT. CANADA L7R 3Y8
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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 as an attachment with my address.

SIGNATURE:

**SIGNATURE REQUIRED**

Dick van Wyck, Secretary 4/15/97 (905)336-1800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0628907

CR2E034 (9/96)