

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 # F95000004925 (2)

1. Corporation Name

ORION BUS INDUSTRIES INC.



Principal Place of Business

Mailing Address

**2076 ENTERPRISE WAY
KELOWNA
BRITISH COLUMBIA CAN V1Y6H8**

**2076 ENTERPRISE WAY
KELOWNA
BRITISH COLUMBIA CAN V1Y6H8**

3. Date Incorporated or Qualified

3a. Date of Last Report

10/11/1995

2. Principal Place of Business

2a. Mailing Address

21 **P.O. Box 449 Base Road**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Oriskany New York**

27

City & State

City & State

23 **13424**

28

Zip

Country

Zip

Country

24 **13424**

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH 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	PO	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, STEWART G	
STREET ADDRESS	2076 ENTERPRISE WAY	
CITY - ST - ZIP	BRITISH COLUMBIA CANADA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	STAM, BRADLEY D	
STREET ADDRESS	2076 ENTERPRISE WAY	
CITY - ST - ZIP	BRITISH COLUMBIA CANADA	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	PEABODY, TERRENCE	
STREET ADDRESS	2076 ENTERPRISE WAY	
CITY - ST - ZIP	BRITISH COLUMBIA CANADA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCPARLAND, GERARD J	
STREET ADDRESS	2076 ENTERPRISE WAY	
CITY - ST - ZIP	BRITISH COLUMBIA CANADA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KENNEDY, KELLY J	
STREET ADDRESS	2076 ENTERPRISE WAY	
CITY - ST - ZIP	BRITISH COLUMBIA CANADA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCEVOY, THOMAS R	
STREET ADDRESS	1080 HOLCOMB BRIDGE ROAD BLDG 100, STE 100	
CITY - ST - ZIP	ROSWELL GA	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	William Blundell	
1.3 STREET ADDRESS	2076 Enterprise Way	
1.4 CITY - ST - ZIP	Kelowna BC Canada V1Y6H8	
2.1 TITLE	D/Chief Financial Officer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Stewart G. Smith	
2.3 STREET ADDRESS	Same	
2.4 CITY - ST - ZIP		
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Terrence Peabody	
3.3 STREET ADDRESS	Same	
3.4 CITY - ST - ZIP		
4.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Kelly Kennedy	
4.3 STREET ADDRESS	Same	
4.4 CITY - ST - ZIP		
5.1 TITLE	VP General Counsel	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Bradley Stam	
5.3 STREET ADDRESS	Same	
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE

CR2E034 (12/95)