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FILED

Mar 31 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P40266

(9)

1. Corporation Name

LDM SYSTEMS, INC.

Principal Place of Business

254 SOUTH MAIN STREET
NEW CITY NY 10956

Mailing Address

254 SOUTH MAIN STREET
NEW CITY NY 10956-3340



2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified

08/31/1992

3a. Date of Last Report

05/01/1996

4. FEI Number

13-3593007

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

9. Name and Address of Current Registered Agent

BLANTON, EDWIN F
825 THOMASVILLE ROAD
TALLAHASSEE FL 32303

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 607.0502 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

(If the corporation is a foreign corporation, the signature of the authorized officer is required.)

(If the corporation is a Florida corporation, the signature of the registered agent is required when re-registering.)

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE ☐ DELETE

NAME
STEINER, LOUS A.

STREET ADDRESS
7323 MAHOGANY BEND COURT

CITY-STATE-ZIP
BOCA RATON FL

12.2 TITLE ☐ DELETE

NAME
SCHNEIDER, IRWIN

STREET ADDRESS
3 HORIZON ROAD

CITY-STATE-ZIP
FORT LEE NJ

12.3 TITLE ☐ DELETE

NAME
STEINER, STEPHEN

STREET ADDRESS
3 HORIZON ROAD

CITY-STATE-ZIP
FORT LEE NY

12.4 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 of changed, or on an attachment with an address.

SIGNATURE:

David S. Truelli CFO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/97

914-638-0001

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CR2E034 (9/96)