## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **FILED** FLORIDA DEPARTMENT OF STATE Jan 16 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P40266 (9)LDM SYSTEMS, INC. Principal Place of Business Mailing Address 254 SOUTH MAIN STREET 254 SOUTH MAIN STREET NEW CITY NY 10956 NEW CITY NY 10956 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/31/1992 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 13-3593007 Not Applicable Suite, Apt. #, etc. Suite. Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation owes or has paid the current year Intangible Yes □Ñō 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BLANTON, EDWIN F 825 THOMASVILLE ROAD 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32303 83 84 City Zip Code 85 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 d when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Addition STEINER, LOUS A. NAME 1.2 NAME 7323 MAHOGANY BEND COURT STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 1.4 CITY - ST-ZIP **DELETE** SD Change Addition TITLE 2.1 TITLE SCHNEIDER, IRWIN NAME 2.2 NAME **3 HORIZON ROAD** STREET ADDRESS 2.3 STREET ADDRESS FORT LEE NJ CITY - ST - ZIP 2.4 CITY-ST-ZIP SECRETARY/TREASURER □ DELETE Addition TITLE 3.1 TITLE STEPHEN STEINER. TVAN WAGDNER DRIVE STEINER, STEPHEN 3.2 NAME **3 HORIZON ROAD** STREET ADDRESS 3.3 STREET ADDRESS ENGLEWOOD CLIPPS, NJ 07632 FORT LEE NY CITY-ST-ZIP 3.4. CITY-ST-ZIP Change DELETE 4.1 TITLE Addition TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition Channe TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP \_\_\_ DELETE Addition

14. I hereby certify that the Information supplied with this filling 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 at a final exemption 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 feedwar 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 changed, or changed an attachment with an address.

6,1 TITLE 6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP