

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 27, 1999 8:00 am
Secretary of State

04-27-1999 90099 004 ***150.00

DOCUMENT # P40266

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/31/1992

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 430 Park Ave.

Suite, Apt., #, etc.

22 5th Floor

23 City & State
New York, NY

24 Zip Country
10022 USA

2a. Mailing Address

26 430 Park Ave.

Suite, Apt., #, etc.

27 5th Floor

28 City & State
New York, NY

29 Zip Country
10022 USA

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCD ☒ DELETE
NAME STEINER, LOUIS A.
STREET ADDRESS: 7323 MAHOGANY BEND COURT
CITY-ST-ZIP BOCA RATON FL

TITLE ST ☒ DELETE
NAME STEINER, STEPHEN
STREET ADDRESS: 7 VAN WAGDNER DRIVE
CITY-ST-ZIP ENGLEWOOD CLIFFS NJ 07632

TITLE ☐ DELETE
NAME
STREET ADDRESS:
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS:
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS:
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS:
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition
1.2 NAME Ed Thomas
1.3 STREET ADDRESS 430 Park Ave, 5th Floor
1.4 CITY-ST-ZIP New York, NY 10022

2.1 TITLE STD ☐ Change ☒ Addition
2.2 NAME MARK HIRSCHORN
2.3 STREET ADDRESS 767 Fifth Ave, Suite 4300
2.4 CITY-ST-ZIP New York, NY 10053

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME Nir Tarlovsky
3.3 STREET ADDRESS 767 Fifth Ave, Suite 4300
3.4 CITY-ST-ZIP New York, NY 10053

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

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

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ed Thomas

4/12/99

Date

(212) 588-3600

Telephone #

CR2E034 (1/198)