2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT#828834

BEECHEM, BRIAN

CINCINNATI, OH 45202

705 CENTRAL AVENUE, STE. #500

Name:

Address:

City-St-Zip:

FILED Sep 25, 2007 Secretary of State

Entity Name: FIRST TRANSIT, INC. **Current Principal Place of Business: New Principal Place of Business:** FIRST TRANSIT INC 705 CENTRAL AVENUE STE 500 CINCINNATI, OH 45202 **New Mailing Address: Current Mailing Address:** FIRST TRANSIT, INC., ATTN:TAX DEPT 705 CENTRAL AVENUE STE 500 CINCINNATI, OH 45202 FEI Number: 23-1716119 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: WANDA L. MASSEY Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition MURRAY, MICHAEL C Name: Name: 705 CENTRAL AVENUE STE 500 Address: Address: City-St-Zip: CINCINNATI, OH 45202 City-St-Zip: Title: SD Title: () Delete () Change () Addition Name: DUNNING, RICK Name: 705 CENTRAL AVENUE, STE. #500 Address: Address: CINCINNATI, OH 45202 City-St-Zip: City-St-Zip: Title: Title: TD () Delete () Change () Addition SLOAN, ALTON Name: Name: 705 CENTRAL AVENUE, STE.#500 Address: Address: City-St-Zip: CINCINNATI, OH 45202 City-St-Zip: Title: () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: BRIAN J. BEECHEM ΑT 09/25/2007