

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90220 013 \*\*\*150.00

**DOCUMENT # 828834**

1. Entity Name  
**FIRST TRANSIT, INC.**



Principal Place of Business      Mailing Address  
~~% RYDER TRUCK RENT, INC., ATTN: TAX DEPT~~      ~~% RYDER TRUCK RENT, INC., ATTN: TAX DEPT~~  
**705 CENTRAL AVENUE STE 500**      **705 CENTRAL AVENUE STE 500**  
**CINCINNATI OH 45202**      **CINCINNATI OH 45202**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

CHECK HERE IF MAKING CHANGES

4. FEI Number	<b>23-1716119</b>	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired		<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
<b>CORPORATION SERVICE COMPANY</b> <b>1201 HAYS STREET</b> <b>TALLAHASSEE FL 32301</b>				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				<b>FL</b>	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>DILL, JACK</b>			NAME			
STREET ADDRESS	<b>705 CENTRAL AVENUE, STE. #500</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>CINCINNATI OH 45202</b>			CITY-ST-ZIP			
TITLE	<b>PD</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>CLAIR, RICH</b>			NAME			
STREET ADDRESS	<b>705 CENTRAL AVENUE STE 500</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>CINCINNATI OH 45202</b>			CITY-ST-ZIP			
TITLE	<b>SD</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>MURRAY, MICHAEL C</b>			NAME			
STREET ADDRESS	<b>705 CENTRAL AVENUE, STE. #500</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>CINCINNATI OH 45202</b>			CITY-ST-ZIP			
TITLE	<b>TD</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>ROSSER, KEITH</b>			NAME			
STREET ADDRESS	<b>705 CENTRAL AVENUE, STE.#500</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>CINCINNATI OH 45202</b>			CITY-ST-ZIP			
TITLE	<b>AT</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>RICH, LOUIS</b>			NAME			
STREET ADDRESS	<b>705 CENTRAL AVENUE, STE. #500</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>CINCINNATI OH 45202</b>			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	<b>PHIL CROOKES</b>		
STREET ADDRESS				STREET ADDRESS	<b>705 CENTRAL Ave, Suite 300</b>		
CITY-ST-ZIP				CITY-ST-ZIP	<b>CINCINNATI OH 45202</b>		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like employees.

**SIGNATURE:** SIGNATURE [Signature]      Date: 1/15/03      Daytime Phone #: 513-241-2200

CR2E034 (10/02)