## May 22, 2008 8:00 am Secretary of State 2008 FOR PROFIT CORPORATION **ANNUAL REPORT** 05-22-2008 90018 005 \*\*\*150.00 **DOCUMENT # F00000004075** 1. Entity Name SOUTHEAST TRANSPORTATION SYSTEMS, INC. Principal Place of Business Mailing Address 100 JIM MORAN BLVD. 100 JIM MORAN BLVD. 60043396 MAILDROP LEGAL DEPT. IMFDF018 DEERFIELD BEACH, FL 33442 DEERFIELD BEACH, FL 33442 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 04292008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-1022463 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE Delete TITLE ☐ Change ■ Addition CZUBAY, KENNETH M NAME NAME 100 JIM MORAN BLVD. STREET ADDRESS STREET ADDRESS DEERFIELD BEACH, FL 33442 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME WILLIAMS, CAREN SNEAD NAME STREET ADDRESS 100 JIM MORAN BLVD. STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH, FL 33442 CITY-ST-ZIP VGCS TITLE ☐ Delete TITLE ☐ Change ☐ Addition WARD, L. TAYLOR III NAME NAME STREET ADDRESS 100 JIM MORAN BLVD. STREET ADDRESS CITY - ST - ZIP DEERFIELD BEACH, FL 33442 CITY-ST-ZIP TITLE Delete TITLE Change **Addition** SHEETING EDU HEATHCOTT, FORREST W III NAME NAME STREET ADDRESS 100 JIM MORAN BLVD. STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH, FL 33442 CITY-ST-ZIP TITLE ☐ Delete Addition MOORE, ROBERT A NAME NAME STREET ADDRESS 9985 PRITCHARD ROAD STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32219 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition SCULLY, CHERYL NAME NAME STREET ADDRESS 100 JIM MORAN BLVD. STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH, FL 33442 CITY-ST-ZIP

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12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 atta 16 PORTATION SIGNATURE: