## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F93000003915

Entity Name: LAIDLAW TRANSIT MANAGEMENT COMPANY, INC.

FILED Apr 29, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
55 SHUMAI SUITE 400 NAPERVILL	N BLVD .E, IL 60563	US			
Current Mailing Address:			New Mailing Address:		
55 SHUMAI SUITE 400 NAPERVILL	N BLVD .E, IL 60563	US			
FEI Number:	23-2320563	FEI Number Applied For ( ) FEI Nu	mber Not Appli	olicable ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:					
	Electronic	Signature of Registered Agent		Date	
Election Campaign Financing Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITION	NS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CARTY, DOUGLA 55 SHUMAN BOU NAPERVILLE, IL VP () D	LEVARD, NAPERVILLE 60563 elete	Title: Name: Address: City-St-Zip:	PD (X) Change ( ) Addition PASTER, CAREY 705 CENTRAL AVE., STE 300 CINCINNATI, OH 45202  VP (X) Change ( ) Addition	
Name: Address: City-St-Zip:	MCDOUGLE, JEF 55 SHUMAN BOU NAPERVILLE, IL	LEVARD	Name: Address: City-St-Zip:	WYCKOFF, BEVERLY 705 CENTRAL AVE., STE 300 CINCINNATI, OH 45202	
Title: Name: Address: City-St-Zip:	AS () D CORVINO, BETH 55 SHUMAN BOU NAPERVILLE, IL	BYSTER LEVARD, SUITE 600	Title: Name: Address: City-St-Zip:	AS (X) Change ( ) Addition WEXLEY, MATTHEW 55 SHUMAN BOULEVARD, SUITE 600 NAPERVILLE, IL 60563	
Title: Name: Address: City-St-Zip:	AS () D WHITTAKER, SUS 55 SHUMAN BOU NAPERVILLE, IL	SAN ARROTT LEVARD, SUITE 600	Title: Name: Address: City-St-Zip:	AS (X) Change ( ) Addition WHITTAKER, SUSAN ARROTT 2221 EAST LAMAR BLVD STE 600 ARLINGTON, TX 76006	
Title: Name: Address: City-St-Zip:	WYCKOFF, BEVE	LEVARD, SUITE 400	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	MILLER, JOHN P	Delete LEVARD, SUITE 400 60563	Title: Name: Address: City-St-Zip:	( ) 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.

SIGNATURE: MANDY HENDRICKS POA 04/29/2008