

JAN 19 1998

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000003690 (2)

1. Corporation Name

LAIDLAW TRANSIT SERVICES, INC.

Principal Place of Business

3221 N. SERVICE RD.
BURLINGTON ONTARIO L7R -3Y8

Mailing Address

3221 N. SERVICE RD.
BURLINGTON ONTARIO L7R -3Y8

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	5360 College Blvd., Suite 200	26		07/22/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		52-1929641	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Overland Park, KS	28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	66211	25	USA		
29		30			

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAINGER, JOHN R	1.2 NAME	
STREET ADDRESS	3221 N. SERVICE RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BURLINGTON ONTARIO L7R -3Y8	1.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VAN WYCK, DICK	2.2 NAME	Susannah H. Riggs
STREET ADDRESS	3221 N. SERVICE RD.	2.3 STREET ADDRESS	3221 North Service Rd.
CITY-ST-ZIP	BURLINGTON ONTARIO	2.4 CITY-ST-ZIP	Burlington, Ontario L7R 3Y8
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	Sr. VP, CFO and T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORSAYETH, MICHAEL	3.2 NAME	Michael P. Forsayeth
STREET ADDRESS	3221 N. SERVICE RD.	3.3 STREET ADDRESS	3221 North Service Road
CITY-ST-ZIP	BURLINGTON ONTARIO L7R -3Y8	3.4 CITY-ST-ZIP	Burlington, Ontario L7R 3Y8
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	Area VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEIPER, STEPHEN	4.2 NAME	Stephen A. Keiper
STREET ADDRESS	12301 WILSHIRE BLVD., #505	4.3 STREET ADDRESS	26111 Antonio Parkway
CITY-ST-ZIP	LOS ANGELES CA 90025	4.4 CITY-ST-ZIP	Rancho Santa Margarita, CA 92688
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	YATES, WILLIAM	5.2 NAME	
STREET ADDRESS	5360 COLLEGE BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	OVERLAND PARK KS 66211	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: 

Susannah H. Riggs

3/25/98

905-336-1800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0561688

CR2E034 (10/97)