

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90104 042 \*\*\*150.00

**DOCUMENT # F96000003690**

1. Entity Name

**LIDLAW TRANSIT SERVICES, INC.**

Principal Place of Business

**5360 COLLEGE BLVD  
STE 200  
OVERLAND PK KS 66211  
US**

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**52-1929641**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD GRAINGER, JOHN R 3221 N. SERVICE RD. BURLINGTON ONTARIO L7R -3Y8</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S RIGGS, S H 3221 N. SERVICE RD. BURLINGTON ONTARIO</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V EDWARDS, BEVERLY 4780 LIBRARY ROAD BETHEL PARK PA 15102</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS EVANS, LORI ANN E 3221 NORTH SERVICE ROAD BURLINGTON ONTARIO L7R 3Y9</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VAS ROSENBERG, IRWIN 15260 VENTURA BLVD., STE. 1050 SHERMAN OAKS CA 91403</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTAS SISEL, LARRY 5360 COLLEGE BLVD., STE. 200 OVERLAND PARK KS 66211</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>PLEASE SEE ATTACHED FOR ADDITIONAL LISTING OF OFFICERS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 19, 2002 (905) 336-1800**

Date

Daytime Phone #

CR2E034 (9/01)

04/17/2002

ATTACH # F96000003690/644559

Officers and Directors

**Laidlaw Transit Services, Inc.**  
**Additional Listing of Officers**

<u>Officer</u>	<u>Title</u>
Frank Ciccarella	Vice-President of Safety and Security
Susan Spry	Vice-President - Sales
Michael Wade	Vice-President - Information Technology
Mark Wells	Area Vice-President - West Area
Susan Arrott Whittaker	Assistant Secretary
William Hershel Yates	Senior Vice-President

Frank Ciccarella

Business: 5360 College Blvd., Suite 200  
Overland Park, KS 66211

Susan Spry

Business: Independence Plaza  
1050 17th Street, Suite 1750  
Denver, CO 80265-1050

Michael Wade

Business: 5360 College Blvd., Suite 200  
Overland Park, KS 66211

Mark Wells

Business: 15260 Ventura Boulevard  
Suite 1050  
Sherman Oaks, CA 91403

Susan Arrott Whittaker

Business: 600 Six Flags Dr., Suite 300  
Arlington, TX 76011-6329

William Hershel Yates

Business: 5360 College Blvd.  
Overland Park, KS 66211