

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 11, 1999 8:00 am**  
**Secretary of State**

05-11-1999 90032 043 \*\*\*150.00

**DOCUMENT # F97000004653**

1. Corporation Name

**SAFE RIDE SERVICES, INC.**

Principal Place of Business

**2821 SOUTH PARKER RD STE 1000  
ATT: JOSHUA T. GAINES ESO.  
AURORA CO 80014**

Mailing Address

**2821 SOUTH PARKER RD STE 1000  
ATT: JOSHUA T. GAINES ESO.  
AURORA CO 80014**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/05/1997**

4. FEI Number

**86-0644802**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

**21 5360 College Blvd.**

2a. Mailing Address

**26 3221 North Service Road**

Suite, Apt. #, etc.

**22 Suite 200**

Suite, Apt. #, etc.

**27**

City & State

**23 Overland Park, Kansas**

City & State

**28 Burlington, Ontario**

Zip

**24 66211**

Country

**25 USA**

Zip

**29 L7R 3Y8**

Country

**30 Canada**

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 SO PINE ISLAND RD  
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

**FL**

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

TITLE ☒ DELETE

NAME **D**  
**DEHUFF, GEORGE B III**  
STREET ADDRESS **2821 S. PARKER RD, 10TH FLOOR**  
CITY-ST-ZIP **AURORA CO 80014**

TITLE ☒ DELETE

NAME **PCEO**  
**NELSON, THOMAS**  
STREET ADDRESS **2821 S PARKER RD, 10TH FLOOR**  
CITY-ST-ZIP **AURORA CO 80014**

TITLE ☒ DELETE

NAME **VS**  
**DROST, TIMOTHY**  
STREET ADDRESS **2821 S PARKER RD, 10TH FLOOR**  
CITY-ST-ZIP **AURORA CO 80014**

TITLE ☒ DELETE

NAME **VAS**  
**ALLEN, ROBERT**  
STREET ADDRESS **2821 S PARKER RD, 10TH FLOOR**  
CITY-ST-ZIP **AURORA CO 80014**

TITLE ☒ DELETE

NAME **VAS**  
**GAINES, JOSHUA T**  
STREET ADDRESS **2821 S PARKER RD, 10TH FLOOR**  
CITY-ST-ZIP **AURORA CO 80014**

TITLE ☒ DELETE

NAME **AS**  
**WHITTAKER, SUSAN**  
STREET ADDRESS **669 AIRPORT FREEWAY, SUITE 400**  
CITY-ST-ZIP **HURST TX 76053**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **Additions attached.**

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/99**

**905-3356-1600**

CR2E034 (11/98)

**Additions to the Officers and Directors  
of Safe Ride Services, Inc.**

Director  
John Robert Grainger

Title  
Director

Officer  
Timothy Collins  
Lori Ann Elizabeth Evans  
Michael P. Forsayeth

Title  
Area Vice-President  
Assistant Secretary  
Chief Financial Officer  
Senior Vice-President  
Treasurer  
President  
Area Vice-President  
Secretary  
Assistant Secretary  
Assistant Secretary  
Vice-President, General Manager

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John Robert Grainger

Business: 3221 North Service Road  
Burlington, ONT L7R 3Y8

Timothy Collins

Business: 1401 Wilson Blvd., Suite 101  
Arlington, VA 22209

Lori Ann Elizabeth Evans

Business: 3221 North Service Road  
Burlington, ONT L7R 3Y9

Michael P. Forsayeth

Business: 3221 North Service Road  
Burlington, ONT L7R 3Y8

Jon M. Monson

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

Susannah Helen Riggs

Business: 3221 North Service Road  
Burlington, ONT L7R 3Y8

**Additions to the Officers and Directors  
of Safe Ride Services, Inc.**

Susan Arrott Whittaker

Business: 669 Airport Freeway, Suite 400  
Hurst, TX 76053

William Hershel Yates

Business: 5360 College Blvd.  
Overland Park, KS 66211

544925-90032-43

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