

ACCT 109 LOC 1431 \$150.00 Lou Rich CB  
**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**  
 03-22-2000 90052 015 \*\*\*150.00

**DOCUMENT # J58265**

1. Entity Name

**FIRST STUDENT, INC.**

Principal Place of Business

Mailing Address

~~C/O CORPORATE TAX DEPT~~  
~~3600 NW 82ND AVE. P. O. BOX 020816~~  
~~MIAMI FL 33102-0816~~

~~C/O CORPORATE TAX DEPT~~  
~~3600 NW 82ND AVE. P. O. BOX 020816~~  
~~MIAMI FL 33102-0816~~

2. Principal Place of Business

3. Mailing Address

705 Central Avenue  
 Suite 500  
 Cincinnati, OH 45202

705 Central Avenue  
 Suite 500  
 Cincinnati, OH 45202



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0005982**

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

**O'MEARA, VICKI A**  
**3600 NW 82 ND AVE**  
**P. O. BOX 020816**  
**MIAMI FL 33166**

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 \_\_\_\_\_ (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, 2000 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	DC	<input checked="" type="checkbox"/> Delete
NAME	BURNS, M. ANTHONY	
STREET ADDRESS	3600 NW 82ND AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DORR, JOHN H	
STREET ADDRESS	3600 NW 82 AVENUE	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HUSTON, EDWIN A.	
STREET ADDRESS	3600 NW 82ND AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	CHOZIANIN, H. J	
STREET ADDRESS	3600 N.W. 82ND AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	BRYAN, GLYNIS A	
STREET ADDRESS	3600 N.W. 82ND AVE.	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	ALONSO, JOAQUIN A	
STREET ADDRESS	3600 N.W. 82ND AVE.	
CITY-ST-ZIP	MIAMI FL 33166	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Dorr - President / <i>DIRECTOR</i>	
STREET ADDRESS	705 Central Avenue, Suite 500	
CITY-ST-ZIP	Cincinnati, OH 45202	
TITLE	John Elliott - Sr. V.P. / <i>DIRECTOR</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	77 WestPort Plaza, Suite 460	
STREET ADDRESS	St. Louis, MO 63146	
CITY-ST-ZIP		
TITLE	Steve Hebborn - CFO & Treasurer / <i>DIRECTOR</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	705 Central Avenue, Suite 500	
STREET ADDRESS	Cincinnati, OH 45202	
CITY-ST-ZIP		
TITLE	Fernando Lievano - Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	705 Central Avenue, Suite 500	
STREET ADDRESS	Cincinnati, OH 45202	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

*Fernando Lievano*  
**FERNANDO LIEVANO**

3/8/00

513-241-2700

Daytime Phone #

CR2E034 (9/99)