

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J58265

FILED  
Mar 03, 2006  
Secretary of State

Entity Name: FIRST STUDENT, INC.

## Current Principal Place of Business:

705 CENTRAL AVE  
STE 300  
CINCINNATI, OH 45202

## New Principal Place of Business:

## Current Mailing Address:

705 CENTRAL AVE  
STE 300  
CINCINNATI, OH 45202

## New Mailing Address:

FEI Number: 65-0005982

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

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:

Title: VD ( ) Delete  
Name: CROOKES, PHIL  
Address: 705 CENTER AVE SUITE 300  
City-St-Zip: CINCINNATI, OH 45202

Title: SD ( ) Delete  
Name: MURRAY, MICHAEL  
Address: 705 CENTRAL AVE -STE 500  
City-St-Zip: CINCINNATI, OH 45202

Title: O ( ) Delete  
Name: PASTER, WALTER CAREY, JR.  
Address: 705 CENTRAL AVE STE 300  
City-St-Zip: CINCINNATI, OH 45202

Title: AT ( ) Delete  
Name: BEECHEM, BRIAN  
Address: 705 CENTRAL AVE STE 500  
City-St-Zip: CINCINNATI, OH 45202

Title: D (X) Delete  
Name: BALLARD, BRUCE  
Address: 705 CENTRAL AVE STE 500  
City-St-Zip: CINCINNATI, OH 45202

Title: T ( ) Delete  
Name: ALTON, SLOAN  
Address: 705 CENTRAL AVE, STE 300  
City-St-Zip: CINCINNATI, OH 45202

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: WALTER CAREY, PASTER  
Address: 705 CENTRAL AVE STE 300  
City-St-Zip: CINCINNATI, OH 45202

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: BRIAN BEECHEM

AT

03/03/2006

Electronic Signature of Signing Officer or Director

Date