

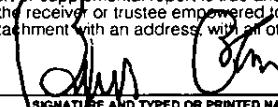


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 28, 2008 8:00 am**  
**Secretary of State**

07-28-2008 90030 011 \*\*\*550.00

<b>DOCUMENT # J58265</b> 1. Entity Name <b>FIRST STUDENT, INC.</b>					
Principal Place of Business <b>705 CENTRAL AVE STE 300 CINCINNATI, OH 45202</b>			Mailing Address <b>705 CENTRAL AVE STE 300 CINCINNATI, OH 45202</b>		
2. Principal Place of Business - No P.O. Box # <b>600 Vine Street</b>		3. Mailing Address <b>600 Vine St.</b>		  07162008    Chg-P    CR2E034 (12/06)	
Suite, Apt. #, etc. <b>Suite 1400</b>		Suite, Apt. #, etc. <b>Suite 1400</b>			
City & State <b>Cinti. OH</b>		City & State <b>Cinti OH</b>			
Zip <b>45202</b>		Zip <b>45202</b>			
Country <b>USA</b>		Country <b>USA</b>		4. FEI Number <b>65-0005982</b>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"><b>FL</b>    Zip Code</div>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CROOKES, PHIL 705 CENTER AVE SUITE 300 CINCINNATI, OH 45202	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MURRAY, MICHAEL 705 CENTRAL AVE -STE 500 CINCINNATI, OH 45202	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALTER CAREY, PASTER 705 CENTRAL AVE STE 300 CINCINNATI, OH 45202	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT BEECHEM, BRIAN 705 CENTRAL AVE STE 500 CINCINNATI, OH 45202	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALTON, SLOAN 705 CENTRAL AVE, STE 300 CINCINNATI, OH 45202	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.					
<b>SIGNATURE:</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: <b>7/24/08</b> Daytime Phone #: <b>513-241-2200</b>					