

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90164 039 \*\*\*150.00

**DOCUMENT # J58265**

1. Entity Name  
**FIRST STUDENT, INC.**



Principal Place of Business  
**705 CENTRAL AVE  
STE 500  
CINCINNATI OH 45202**

Mailing Address  
**705 CENTRAL AVE  
STE 500  
CINCINNATI OH 45202**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0005982**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1261 HAYS STREET  
TALLAHASSEE FL 32301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete  
NAME **LYSKAWA, E. BRUCE**  
STREET ADDRESS **705 CENTRAL AVE -STE 500**  
CITY-ST-ZIP **CINCINNATI OH 45202**

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **PHIL CROOKES**  
STREET ADDRESS **785 CENTRAL AVE SUITE 300**  
CITY-ST-ZIP **CINCINNATI OH 45202**

TITLE **SD** ☐ Delete  
NAME **MURRAY, MICHAEL**  
STREET ADDRESS **705 CENTRAL AVE -STE 500**  
CITY-ST-ZIP **CINCINNATI OH 45202**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SVD** ☐ Delete  
NAME **PASTER, WALTER CAREY JR.**  
STREET ADDRESS **77 WESTPORT PLZ- STE 460**  
CITY-ST-ZIP **SAINT LOUIS MO 63146**

TITLE **chief operations officer** ☒ Change ☐ Addition  
NAME **Paster, Walter Carey Jr.**  
STREET ADDRESS **705 Central Avenue Ste 300**  
CITY-ST-ZIP **Cincinnati, OH 45202**

TITLE **AT** ☐ Delete  
NAME **RICH, LOUIS**  
STREET ADDRESS **705 CENTRAL AVE STE 500**  
CITY-ST-ZIP **CINCINNATI OH 45202**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VD** ☒ Delete  
NAME **DILL, JACK**  
STREET ADDRESS **705 CENTRAL AVE STE 500**  
CITY-ST-ZIP **CINCINNATI OH 45202**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☐ Change ☒ Addition  
NAME **Dave Liston**  
STREET ADDRESS **705 Central Ave, Ste 300**  
CITY-ST-ZIP **Cincinnati, OH 45202**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE RICH, LOUIS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/15/03 513-241-2200**  
Date Daytime Phone #

CR2E034 (10/02)