

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000004568

**FILED**  
**Oct 14, 2009**  
**Secretary of State**

**Entity Name:** PARAMOUNT TRANSPORTATION ADMINISTRATIVE SERVICES, L.L.C.

**Current Principal Place of Business:**

600 GILLAM ROAD  
WILMINGTON, OH 45177

**New Principal Place of Business:**

**Current Mailing Address:**

600 GILLAM ROAD  
WILMINGTON, OH 45177

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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: DONNA MOCH

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGR ( ) Delete  
Name: ROBERTS, RALPH L SR.  
Address: 600 GILLAM ROAD  
City-St-Zip: WILMINGTON, OH 45177

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

Title: MGR ( ) Delete  
Name: ROBERTS, RALPH L II  
Address: 600 GILLAM ROAD  
City-St-Zip: WILMINGTON, OH 45177

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

Title: MGR ( ) Delete  
Name: ROBERTS, RALPH  
Address: 600 GILLAM ROAD  
City-St-Zip: WILMINGTON, OH 45177

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JEFFREY C WADE

ASST

10/14/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date