2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# M02000002784

Entity Name: MAYFLOWER TRANSIT, LLC

Current Principal Place of Business:

ONE MAYFLOWER DR.
FENTON, MO 63026

New Principal Place of Business:

ONE MAYFLOWER DRIVE
FENTON, MO 63026

Current Mailing Address:

ONE MAYFLOWER DR.
FENTON, MO 63026

New Mailing Address:

ONE MAYFLOWER DRIVE
FENTON, MO 63026

FEI Number: 43-1881479 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	TRANSPORTATION SERVI, CES GROUP, INC .	
Address:	ONE PREMIER DR	
City-St-Zip:	FENTON, MO 63026	
Title:	MGR	( ) Delete
Name:	MCCLURE, RICHARD H	
Address:	ONE PREMIER DRIVE	
City-St-Zip:	FENTON, MO 63026	
Title:	MGR	( ) Delete
Name:	LARCH, PATRICK J JR.	
Address:	ONE PREMIER DRIVE	
City-St-Zip:	FENTON, MO 63026	
Title:	MGR	( ) Delete
Name:	SABADA, DAVID S	
Address:	545 LEFFINGWELL AVENUE	
City-St-Zip:	KIRKWOOD, MO 63122	
Title:	MGR	( ) Delete
Name:	HERMAN, STEVEN A	
Address:	3403 EAST ROSSER AVENUE	
City-St-Zip:	BISMARCK, ND 58501	
Title:	MGR	( ) Delete
Name:	SMITH, GEORGE F	
Address:	ONE PREMIER DRIVE	
City-St-Zip:	FENTON, MO 63026	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: GEORGE F SMITH MGR 03/25/2009

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