

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 11, 2008 8:00 am**  
**Secretary of State**

08-11-2008 90027 039 \*\*\*538.75

**DOCUMENT # M03000003900**

1. Entity Name  
**FIRST STUDENT TRANSPORTATION LLC**



Principal Place of Business  
**705 CENTRAL AVE.  
SUITE 300  
CINCINNATI, OH 45202**

Mailing Address  
**705 CENTRAL AVE.  
SUITE 300  
CINCINNATI, OH 45202**

**50009262**



07162008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #

**600 Vine St.**

3. Mailing Address

**600 Vine Street**

Suite, Apt. #, etc.

**Suite 1400**

Suite, Apt. #, etc.

**Suite 1400**

City & State

**Cinti. OH**

City & State

**Cinti. OH 10**

Zip

**45202**

Country

**USA**

Zip

**45202**

Country

**USA**

4. FEI Number  
**20-0298565**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$538.75  
Due by September 12, 2008**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☒ Delete  
NAME **WALTER, CAREY PASTER**  
STREET ADDRESS **705 CENTRAL AVE.**  
CITY-ST-ZIP **CINCINNATI, OH 45202**

TITLE **MGR** ☒ Delete  
NAME **CROOKES, PHILIP J**  
STREET ADDRESS **705 CENTRAL AVE.**  
CITY-ST-ZIP **CINCINNATI, OH 45202**

TITLE **MGR** ☐ Delete  
NAME **MURRAY, MICHAEL C**  
STREET ADDRESS **705 CENTRAL AVE.**  
CITY-ST-ZIP **CINCINNATI, OH 45202**

TITLE **MGR** ☐ Delete  
NAME **BEECHEM, BRIAN**  
STREET ADDRESS **705 CENTRAL AVE.**  
CITY-ST-ZIP **CINCINNATI, OH 45202**

TITLE **MGR** ☐ Delete  
NAME **PETRUCCI, MICHAEL L**  
STREET ADDRESS **705 CENTRAL AVE.**  
CITY-ST-ZIP **CINCINNATI, OH 45202**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE **President** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **600 Vine St. Suite 1400**  
CITY-ST-ZIP **Cinti. OH 45202**

TITLE **Asst. Treasurer** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **600 Vine St. Suite 1400**  
CITY-ST-ZIP **Cinti. OH 45202**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **600 Vine St. Suite 1400**  
CITY-ST-ZIP **Cinti. OH 4520**

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

11. 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 is true and accurate and that my 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**7/24/08**

**513-241-2200**