

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 15 1998 8:00am  
Secretary of State

|                                             |                                                                                   |                                                                                                    |
|---------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| PROFIT CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|

DOCUMENT # P02783 (9)  
1. Corporation Name  
LAIDLAW TRANSIT, INC.



|                                                                      |                                                                                                   |
|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| Principal Place of Business<br>450 17TH AVENUE S.<br>NAPLES FL 33940 | Mailing Address<br>3221 NORTH SERVICE RD., P.O. BOX 5028<br>BURLINGTON, ONTARIO<br>CANADA L7R 3Y8 |
|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                                               |  |                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 2. Principal Place of Business<br>21 1240 East Diehl Rd., Suite 104<br>Suite, Apt. #, etc.<br>22<br>City & State<br>23 Naperville, IL<br>Zip<br>24 60563<br>Country<br>25 USA |  | 2a. Mailing Address<br>26<br>Suite, Apt. #, etc.<br>27<br>City & State<br>28<br>Zip<br>29<br>Country<br>30 |  | 3. Date Incorporated or Qualified<br>07/23/1984<br>4. FEI Number<br>59-2364035<br>Applied For<br>Not Applicable<br>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required<br>6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees<br>7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

|                                                       |             |
|-------------------------------------------------------|-------------|
| 81 Name                                               | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83                                                    |             |
| 84 City                                               | FL          |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

|                            |                                                                     |                                                       |                              |
|----------------------------|---------------------------------------------------------------------|-------------------------------------------------------|------------------------------|
| 12. OFFICERS AND DIRECTORS |                                                                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                              |
| TITLE                      | PD<br>GRAINGER, JOHN<br>3221 N. SERVICE RD.<br>BURLINGTON ON        | 1.1 TITLE                                             |                              |
| NAME                       |                                                                     | 1.2 NAME                                              |                              |
| STREET ADDRESS             |                                                                     | 1.3 STREET ADDRESS                                    |                              |
| CITY-ST-ZIP                |                                                                     | 1.4 CITY-ST-ZIP                                       |                              |
| TITLE                      | S<br>VAN WYCK, DICK<br>3221 NORTH SERVICE RD.<br>BURLINGTON ON      | 2.1 TITLE                                             | S                            |
| NAME                       |                                                                     | 2.2 NAME                                              | Lori A. E. Evans             |
| STREET ADDRESS             |                                                                     | 2.3 STREET ADDRESS                                    | 3221 North Service Rd.       |
| CITY-ST-ZIP                |                                                                     | 2.4 CITY-ST-ZIP                                       | Burlington, Ontario L7R 3Y8  |
| TITLE                      | V<br>HACH, ROBERT<br>1240 EAST DIEHL ROAD, SE. 104<br>NAPERVILLE IL | 3.1 TITLE                                             | Executive VP, USA Operations |
| NAME                       |                                                                     | 3.2 NAME                                              | Robert Hach                  |
| STREET ADDRESS             |                                                                     | 3.3 STREET ADDRESS                                    | 1240 East Diehl, Suite 104   |
| CITY-ST-ZIP                |                                                                     | 3.4 CITY-ST-ZIP                                       | Naperville, IL 60563         |
| TITLE                      | VT<br>FORSAYETH, MICHAEL<br>3221 N. SERVICE RD.<br>BURLINGTON ON    | 4.1 TITLE                                             | Sr. VP, CFO and T            |
| NAME                       |                                                                     | 4.2 NAME                                              | Michael P. Forsayeth         |
| STREET ADDRESS             |                                                                     | 4.3 STREET ADDRESS                                    | 3221 North Service Rd.       |
| CITY-ST-ZIP                |                                                                     | 4.4 CITY-ST-ZIP                                       | Burlington, Ontario L7R 3Y8  |
| TITLE                      |                                                                     | 5.1 TITLE                                             |                              |
| NAME                       |                                                                     | 5.2 NAME                                              |                              |
| STREET ADDRESS             |                                                                     | 5.3 STREET ADDRESS                                    |                              |
| CITY-ST-ZIP                |                                                                     | 5.4 CITY-ST-ZIP                                       |                              |
| TITLE                      |                                                                     | 6.1 TITLE                                             |                              |
| NAME                       |                                                                     | 6.2 NAME                                              |                              |
| STREET ADDRESS             |                                                                     | 6.3 STREET ADDRESS                                    |                              |
| CITY-ST-ZIP                |                                                                     | 6.4 CITY-ST-ZIP                                       |                              |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lori A. E. Evans

3/25/98

905-336-1800

Date Daytime Phone # 05/12/98

CR2E034 (10/97)