2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02783

Entity Name: LAIDLAW TRANSIT, INC.

FILED Apr 12, 2007 Secretary of State

| Current Principal Place of Business: | | | | New Principal Place of Business: | | | |
|---|--|-----------------------------------|---------|--|---|-------------------------------|-------|
| 55 SHUMAN BLVD. STE. 400 NAPERVILLE, IL 60563 | | | | 55 SHUMAN BLVD. SUITE 400 NAPERVILLE, IL 60563 | | | |
| Current Mailing Address: | | | | New Mailing Address: | | | |
| 55 SHUMAN BLVD. STE. 400 NAPERVILLE, IL 60563 | | | | 55 SHUMAN BLVD. SUITE 400 NAPERVILLE, IL 60563 | | | |
| FEI Number: | 59-2364035 | FEI Number Applied For () | FEI Nun | nber Not Appli | cable () | Certificate of Status Desired | () |
| Name and | Address of C | urrent Registered Agent: | | Name and | Address of N | lew Registered Agent: | |
| 1200 S. PIN | DRATION SYS NE ISLAND RC ON, FL 33324 | | | | | | |
| The above in the State | | ubmits this statement for the pur | pose o | f changing it | s registered o | ffice or registered agent, or | both, |
| SIGNATUR | RE: | | | | | | |
| | Electroni | c Signature of Registered Agent | | | | Date | |
| Election Carr | npaign Financing | Trust Fund Contribution (). | | | | | |
| OFFICERS AND DIRECTORS: | | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | | |
| Title: Name: Address: City-St-Zip: | P () BENSON, KEVIN 55 SHUMAN BLY NAPERVILLE, IL | /D. | | Title: Name: Address: City-St-Zip: | CARTY, DOUG | OULEVARD, SUITE 600 | |
| Title: Name: Address: City-St-Zip: | VP () MILLER, JOHN I 55 SHUMAN BLY NAPERVILLE, IL | /D. | | Title: Name: Address: City-St-Zip: | AS (X) MCDOUGLE, JI 55 SHUMAN BO NAPERVILLE, I | DULEVARD | |
| Title: Name: Address: City-St-Zip: | S () WYCKOFF, BEV 55 SHUMAN BLV NAPERVILLE, IL | /D. | | Title: Name: Address: City-St-Zip: | CORVINO, BET | DULEVARD, SUITE 600 | |
| Title: Name: Address: City-St-Zip: | () | Delete | | Title: Name: Address: City-St-Zip: | WHITTAKER, S | DULEVARD, SUITE 600 | |
| Title: Name: Address: City-St-Zip: | () | Delete | | Title: Name: Address: City-St-Zip: | WYCKOFF, BE | DULEVARD, SUITE 400 | |
| Title: Name: Address: City-St-Zip: | () | Delete | | Title: Name: Address: City-St-Zip: | MILLER, JOHN | DULEVARD, SUITE 400 | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS A. CARTY P 04/12/2007