

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02783

FILED
Apr 10, 2010
Secretary of State

Entity Name: FIRST STUDENT, INC.

Current Principal Place of Business:

600 VINE STREET SUITE 1400
CINCINNATI, OH 45202

New Principal Place of Business:

Current Mailing Address:

600 VINE STREET SUITE 1400
CINCINNATI, OH 45202

New Mailing Address:

FEI Number: 59-2364035

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD
Name: BELL, LINDA
Address: 600 VINE STREET SUITE 1400
City-St-Zip: CINCINNATI, OH 45202

Title: SGC
Name: WYCKOFF, BEVERLY A
Address: 705 CENTRAL AVE., STE. 300
City-St-Zip: CINCINNATI, OH 45202

Title: TRES
Name: NEIDHARD, JANET
Address: 600 VINE STREET SUITE 1400
City-St-Zip: CINCINNATI, OH 45202

Title: DIR
Name: LAWTON, MARK D
Address: 705 CENTRAL AVE., STE 300
City-St-Zip: CINCINNATI, OH 45202

Title: AS
Name: BEECHEM, BRIAN
Address: 600 VINE STREET SUITE 1400
City-St-Zip: CINCINNATI, OH 45202

Title: AT
Name: DERRINGER, HELEN
Address: 600 VINE STREET, SUITE 1400
City-St-Zip: CINCINNATI, OH 45202

I hereby 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 all other like empowered.

SIGNATURE: MANDY HENDRICS

POA

04/10/2010

Electronic Signature of Signing Officer or Director

Date