

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 828834

**FILED**  
**May 27, 2020**  
**Secretary of State**  
**6895663513CC**

**Entity Name:** FIRST TRANSIT, INC.

**Current Principal Place of Business:**

600 VINE STREET  
SUITE 1400  
CINCINNATI, OH 45202

**Current Mailing Address:**

600 VINE STREET  
SUITE 1400  
CINCINNATI, OH 45202 US

**FEI Number:** 23-1716119

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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

**Officer/Director Detail :**

Title ASST. SECRETARY

Name ELIASON, NANCY

Address 600 VINE STREET  
SUITE 1400

City-State-Zip: CINCINNATI OH 45202

Title CFO

Name WILLIAMS, MARK

Address 600 VINE STREET  
SUITE 1400

City-State-Zip: CINCINNATI OH 45202

Title DIRECTOR

Name THOMAS, BRADLEY

Address 600 VINE STREET  
SUITE 1400

City-State-Zip: CINCINNATI OH 45202

Title ASSISTANT SECRETARY

Name PETRUCCI, MICHAEL L.

Address 600 VINE STREET  
SUITE 1400

City-State-Zip: CINCINNATI OH 45202

Title ASSISTANT SECRETARY

Name BEECHEM, BRIAN

Address 600 VINE STREET  
SUITE 1400

City-State-Zip: CINCINNATI OH 45202

Title PRESIDENT

Name THOMAS, BRADLEY

Address 600 VINE STREET  
SUITE 1400

City-State-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:** BRIAN BEECHEM

**ASSISTANT SECRETARY 05/27/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date