



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

|  |              |  |  |              |              |
|--|--------------|--|--|--------------|--------------|
| 1. Corporate ID No.<br>39135   |              | 2. Name of Corporation<br>VERMONT TRANSIT CO, INC. |  |              |              |
| 3. Street Address Principal Business Office<br>15110 N. DALLAS PKWY  |              |  | City<br>DALLAS                                 | State<br>TX  | Zip<br>75248 |
| 4. Business Phone No.<br>972-789-7000  |              | 5. State of Incorporation<br>VERMONT               |  |              |              |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>TRANSPORTATION OF PASSENGERS AND LIGHT EXPRESS              |              |  |  |              |              |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS          |              |  |  |              |              |
| President Name<br>DAVID S. LEACH   |              |  | Vice President Name<br>CHERYL W. FARMER        |              |              |
| Street Address<br>15110 N. DALLAS PKWY   |              |  | Street Address<br>15110 N. DALLAS PKWY         |              |              |
| City<br>DALLAS   | State<br>TX  | Zip<br>75248                                       | City<br>DALLAS                                 | State<br>TX  | Zip<br>75248 |
| Secretary Name<br>MARK E. SOUTHERST  |              |  | Treasurer Name<br>CHERYL W. FARMER             |              |              |
| Street Address<br>15110 N. DALLAS PKWY   |              |  | Street Address<br>15110 N. DALLAS PKWY         |              |              |
| City<br>DALLAS   | State<br>TX  | Zip<br>75248                                       | City<br>DALLAS                                 | State<br>TX  | Zip<br>75248 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS         |              |  |  |              |              |
| Director Name<br>DAVID S. LEACH  |              |  | Director Name                                  |              |              |
| Street Address<br>15110 N. DALLAS PKWY   |              |  | Street Address                                 |              |              |
| City<br>DALLS  | State<br>TX  | Zip<br>75248                                       | City   | State        | Zip          |
| Director Name  |              |  | Director Name                                  |              |              |
| Street Address   |              |  | Street Address                                 |              |              |
| City   | State        | Zip  | City   | State        | Zip          |
| 9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |              |  |  |              |              |
| AUTHORIZED SHARES  |              |  | ISSUED SHARES — THIS SECTION MUST BE COMPLETED |              |              |
| Number of Shares   | Class/Series | Par Value  | Number of Shares                               | Class/Series | Par Value    |
| 3,000  | COMMON       | NONE   | 505  | COMMON       | NONE         |
|  |              |  | THIS SECTION MUST BE COMPLETED                 |              |              |

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

|                                 |             |
|---------------------------------|-------------|
| <b>FILED</b>                    |             |
| File Date                       | JAN 22 2008 |
| Check No.                       | 30649       |
| By                              | By          |
| FOR SECRETARY OF STATE USE ONLY |             |

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

*Cheryl W. Farmer* 1/16/08  
Signature Date  
CHERYL W. FARMER  
Print or Type Name  
CHIEF FINANCIAL OFFICER  
Title