DOC ID ----> 200022000942

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
08/10/2000	200022000942	MERGER/DOMESTIC (MER)	50.00	10.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

C.T. CORPORATION SYSTEM
17 S. HIGH STREET
COLUMBUS, OH 43215

STATE OF OHIO

Ohio Secretary of State, J. Kenneth Blackwell

802861

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

LAIDLAW TRANSIT, INC.

and, that said business records show the filing and recording of:

Document(s)	Document No(s):
MERGER/DOMESTIC	**200022000942**

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 31st day of August, A.D. 2000.

Ohio Secretary of State

DOC ID ----> 200022000942

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
08/10/2000	200022000942	MERGED OUT OF EXISTENCE (MEX)	.00	.00	.00	.00	.00

Receipt
This is not a bill. Please do not remit payment.

C.T. CORPORATION SYSTEM
17 S. HIGH STREET
COLUMBUS, OH 43215

STATE OF OHIO

Ohio Secretary of State, J. Kenneth Blackwell

263487

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

SETTLE SERVICE, INC.

and, that said business records show the filing and recording of:

Document(s)	Document No(s):
MERGED OUT OF EXISTENCE	**200022000942**

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 31st day of August, A.D. 2000.

Ohio Secretary of State

DOC ID ----> 200022000942

Prescribed by **J. Kenneth Blackwell**

Please obtain fee amount and mailing instructions from the **Forms Inventory List** *(using the 3 digit form # located at the bottom of this form)*. To obtain the **Forms Inventory List** or for assistance, please call Customer Service:
Central Ohio: (614)-466-3910 Toll Free: 1-877-SOS-FILE (1-877-767-3453)

Expedite this form
☒ Yes

CERTIFICATE OF MERGER

In accordance with the requirements of Ohio law, the undersigned corporations, banks, savings banks, savings and loan, limited liability companies, limited partnerships and/or partnerships with limited liability, desiring to effect a merger, set forth the following facts:

I. SURVIVING ENTITY

A. The name of the entity surviving the merger is:
Laidlaw Transit, Inc.

B. Name Change: *As a result of this merger, the name of the surviving entity has been changed to the following:*
N/A

(Complete only if name of surviving entity is changing through the merger)

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JUL 07 2000
J. KENNETH BLACKWELL
SECRETARY OF STATE

C. The surviving entity is a: **(Please check the appropriate box and fill in the appropriate blanks)**

- ☐ *Domestic (Ohio) for-profit corporation, charter number* _____
- ☐ Domestic (Ohio) non-profit corporation, charter number _____
- ☒ Foreign (Non-Ohio) corporation incorporated under the laws of the state/country of Delaware and licensed to transact business in the State of Ohio under license number 802861
- ☐ *Foreign (Non-Ohio) corporation incorporated under the laws of the state/country of* _____ and **NOT** licensed to transact business in the state of Ohio,
- ☐ Domestic (Ohio) limited liability company, with registration number _____
- ☐ Foreign (Non-Ohio) limited liability company organized under the laws of the state/country of _____ and registered to do business in the State of Ohio under registration number _____
- ☐ Foreign (Non-Ohio) limited liability company organized under the laws of the state/country of _____ and **NOT** registered to do business in the State of Ohio.
- ☐ Domestic (Ohio) limited partnership, with registration number _____
- ☐ Foreign (Non-Ohio) limited partnership organized under the laws of the state/country of _____ and registered to do business in the state of Ohio under registration number _____
- ☐ Foreign (Non-Ohio) limited partnership organized under the laws of the state/country of _____ and **NOT** registered to do business in the state of Ohio.
- ☐ Domestic (Ohio) partnership having limited liability, with the registration number _____

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J. KENNETH BLACKWELL
SECRETARY OF STATE

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J. Kenneth Blackwell
Secretary of State

☐ Foreign (Non-Ohio) partnership having limited liability organized under the laws of the state/country of _____ and registered to do business in the state of Ohio under registration number _____

☐ Foreign (Non-Ohio) non-profit incorporation under the laws of the state/county of _____ and licensed to transact business in the state of Ohio under license number _____

☐ Foreign (Non-Ohio) non-profit incorporation under the laws of the state/county of _____ and **not** licensed to transact business in the state of Ohio.

II. MERGING ENTITY

The name, charter/license/registration number, type of entity, state/country of incorporation or organization, respectively, of which is a party to the merger are as follows: **(If this is insufficient space to reflect all merging entities, please attach a separate sheet listing the merging entities)**

Name	State/Country of Organization	Type of Entity
Laidlaw Transit, Inc.	Delaware	Corporation
Settle Service, Inc.	Ohio	Corporation

III. MERGER AGREEMENT ON FILE

The name and mailing address of the person or entity from whom/which eligible persons may obtain a copy of the agreement of merger upon written request:

Laidlaw Transit, Inc. (Attn: Secretary) (name) — 3221 North Service Road (street and number)

Burlington (city, village or township) — Ontario (state) — L7R 3Y8 (zip code)

IV. EFFECTIVE DATE OF MERGER

This merger is to be effective on: August 31, 2000 (if a date is specified, the date must be a date on or after the date of filing; the effective date of the merger cannot be earlier than the date of filing, if no date is specified, the date of filing will be the effective date of the merger).

V. MERGER AUTHORIZED

The laws of the state or country under which each constituent entity exists, permits this merger.
This merger was adopted, approved and authorized by each of the constituent entities in compliance with the laws of the state under which it is organized, and the persons signing this certificate on behalf of each of the constituent entities are duly authorized to do so.

VI. STATUTORY AGENT

The name and address of the surviving entity's statutory agent upon whom any process, notice or demand may be served is:

CT Corporation System (name) — 1300 East 9th Street (street and number)

Cleveland (city, village or township), Ohio — 44114 (zip code)

(This item MUST be completed if the surviving entity is a foreign entity which is not licensed, registered or otherwise authorized to conduct business in the state of Ohio)

VII. ACCEPTANCE OF AGENT

The undersigned, named herein as the statutory agent for the above referenced surviving entity, hereby acknowledges and accepts the appointment of statutory agent for said entity.

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J. Kenneth Blackwell
Secretary of State

Signature of Agent _____

(The acceptance of agent must be completed by domestic surviving entities if through this merger the statutory agent for the surviving entity has changed, or the named agent differs in any way from the name currently on record with the Secretary of State.)

VIII. STATEMENT OF MERGER

Upon filing, or upon such later date as specified herein, the merging entity/entities listed herein shall merge into the listed surviving entity

IX. AMENDMENTS

The articles of incorporation, articles of organization, certificate of limited partnership or registration of partnership having limited liability (circle appropriate term) of the surviving domestic entity have been amended. Please see attached "Exhibit A." (Please note, if there will be no change please state "no change")

X. QUALIFICATION OR LICENSURE OF FOREIGN SURVIVING ENTITY

A. The listed surviving foreign corporation, bank, savings bank, savings and loan, limited liability company, limited partnership, or partnership having limited liability desires to transact business in Ohio as a foreign corporation, bank, savings bank, savings and loan, limited liability company, limited partnership, or partnership having limited liability, and hereby appoints the following as its statutory agent upon whom process, notice or demand against the entity may be served in the state of Ohio. The name and complete address of the statutory agent is:

_____ _____
(name) (street and number)

_____, Ohio _____ _____
(city, village or township) (zip code)

The subject surviving foreign corporation, bank, savings bank, savings and loan, limited liability company, limited partnership, or partnership having limited liability irrevocably consents to service of process on the statutory agent listed above as long as the authority of the agent continues, and to service of process upon the Secretary of State of Ohio if the agent cannot be found, if the corporation, bank, savings bank, savings and loan, limited liability company, limited partnership, or partnership having limited liability fails to designate another agent when required to do so, or if the foreign corporation's, bank's, savings bank's, savings and loan's, limited liability company's, limited partnership's, or partnership having limited liability's license or registration to do business in Ohio expires or is canceled.

B. The qualifying entity also states as follows: (Complete only if applicable)

1. **Foreign Notice Under Section 1703.031**
   (If the qualifying entity is a foreign bank, savings bank, or savings and loan, then the following information must be completed.)
   (a.) The name of the Foreign Nationally/Federally chartered bank, savings bank, or savings and loan association is _____
   (b.) The name(s) of any Trade Name(s) under which the corporation will conduct business:
   _____
   _____
   _____
   (c.) The location of the main office (non-Ohio) shall be:
   _____
   (street address)
   _____ _____ _____ _____
   (city, township, or village) (county) (state) (zip code)

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(d.) The principal office location in the state of Ohio shall be:

_____
(street address)

_____ _____ _____ _____
(city, township, or village) (county) (state) (zip code)

(Please note, if there will not be an office in the state of Ohio, please list none.)

(e.) The corporation will exercise the following purpose(s) in the state of Ohio:
(Please provide a brief summary of the business to be conducted; a general clause is not sufficient)

_____
_____

2. **Foreign Qualifying Limited Liability Company**
(If the qualifying entity is a foreign limited liability company, the following information must be completed.)
(a.) The name of the limited liability company in its state of organization/registration is

_____
(b.) The name under which the limited liability company desires to transact business in Ohio is

_____
(c.) The limited liability company was organized or registered on _____
under the laws of the state/country of _____
(d.) The address to which interested persons may direct requests for copies of the articles of organization, operating agreement, bylaws, or other charter documents of the company is:

_____
(street address)

_____ _____ _____
(city, township, or village) (state) (zip code)

3. **Foreign Qualifying Limited Partnership**
(If the qualifying entity is a foreign limited partnership, the following information must be completed) .
(a.) The name of the limited partnership is

_____
(b). The limited partnership was formed on _____

(c.) The address of the office of the limited partnership in its state/country of organization is:

_____
(street address)

_____ _____ _____ _____
(city, township, or village) (county) (state) (zip code)

(d.) The limited partnership's principal office address is:

_____
(street address)

_____ _____ _____ _____
(city, township, or village) (county) (state) (zip code)

(e.) The names and business or residence addresses of the General partners of the partnership are as follows:

Name	Address
_____	_____
_____	_____
_____	_____

(If insufficient space to cover this item, please attach a separate sheet listing the general partners and their respective addresses)

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(f.) The address of the office where a list of the names and business or residence addresses of the limited partners and their respective capital contributions is to be maintained is:

(street address)

(city, township, or village) (county) (state) (zip code)

The limited partnership hereby certifies that it shall maintain said records until the registration of the limited partnership in Ohio is canceled or withdrawn.

4. **Foreign Qualifying Partnership Having Limited Liability**

(a.) The name of the partnership shall be

(b.) Please complete the following appropriate section (either item b(l) or b(2)):

(1.) The address of the partnership's principal office in Ohio is:

(street name and number)

, Ohio

(city, village or township) (zip code)

(If the partnership does not have a principal office in Ohio, then items b2 and item c must be completed)

(2.) The address of the partnership's principal office (Non-Ohio):

(street address)

(city, township, or village) (state) (zip code)

(c.) The name and address of a statutory agent for service of process in Ohio is as follows:

(name) (street and number)

, Ohio

(city, village or township) (zip code)

(d.) Please indicate the state or jurisdiction in which the Foreign Limited Liability Partnership has been formed

(e.) The business which the partnership engages in is:

The undersigned constituent entities have caused this certificate of merger to be signed by its duly authorized officers, partners and representatives on the date(s) stated below.

Settle Service, Inc.
(Exact name of entity)

By:
Its: Secretary
Date: June 2, 2000

Laidlaw Transit, Inc.
(Exact name of entity)

By:
Its: Secretary
Date: June 2, 2000