

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 14, 2002 8:00 am**  
**Secretary of State**

02-14-2002 90031 042 \*\*\*150.00

REGISTRATION AT

**DOCUMENT # 815835**

1. Entity Name  
**ABX LOGISTICS (USA) INC.**

Principal Place of Business

**8010 ROSWELL ROAD  
 SUITE 300  
 ATLANTA GA 30350  
 US**

Mailing Address

**8010 ROSWELL ROAD  
 SUITE 300  
 ATLANTA GA 30350  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**13-5543269**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**SPENCER STRADER  
 8501 NW 17TH ST  
 STE 120  
 MIAMI FL 33126**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Delete
NAME	<b>GUENZERODT, FRANK</b>
STREET ADDRESS	<b>8010 ROSWELL RD #300</b>
CITY-ST-ZIP	<b>ATLANTA GA 30350</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>ZETTLER, ALBERT</b>
STREET ADDRESS	<b>8010 ROSWELL RD STE 300</b>
CITY-ST-ZIP	<b>ATLANTA GA 30350</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>BUCHLER, CHRISTIANE</b>
STREET ADDRESS	<b>8010 ROSWELL RD STE 300</b>
CITY-ST-ZIP	<b>ATLANTA GA 30350</b>
TITLE	<input checked="" type="checkbox"/> Delete
NAME	<b>DERMAUX, JEAN-LOUIS</b>
STREET ADDRESS	<b>8010 ROSWELL RD STE 300</b>
CITY-ST-ZIP	<b>ATLANTA GA 30350</b>
TITLE	<input checked="" type="checkbox"/> Delete
NAME	<b>HENUSET, MARIE-G</b>
STREET ADDRESS	<b>8010 ROSWELL RD STE 300</b>
CITY-ST-ZIP	<b>ATLANTA GA 30350</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>Via president customs Eugene Pluta</b>
STREET ADDRESS	<b>8010 Roswell Rd STE 300</b>
CITY-ST-ZIP	<b>Atlanta GA 30350</b>

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Kris Geyrels</b>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED CFO**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1/24/2002** Daytime Phone #: **770-353-4200**

CR2E034 (9/01)