

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90256 016 \*\*\*150.00

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04252006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # 815835</b> 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			
2. Principal Place of Business 8200 Roberts Drive Suite, Apt. #, etc. 200		3. Mailing Address 8200 Roberts Dr. Suite, Apt. #, etc. 200			
City & State Atlanta, Ga Zip 30350		Country Fulton		4. FEI Number 13-5543269 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent FINNERN, CHRISTIAN 8501 NW 17TH ST STE 120 MIAMI, FL 33126			7. Name and Address of New Registered Agent Name: Fuentes, Christiana Street Address (P.O. Box Number is Not Acceptable): 8501 NW 17th Street Ste 120 City: Miami, FL Zip Code: 33126		
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>[Signature]</u> DATE: <u>4/25/06</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: COO NAME: EGAN, RICHARD STREET ADDRESS: 8010 ROSWELL RD #300 CITY-ST-ZIP: ATLANTA, GA 30350 <input type="checkbox"/> Delete			TITLE: CEO NAME: Egan, Richard STREET ADDRESS: 8200 Roberts Dr ste 200 CITY-ST-ZIP: Atlanta, Ga 30350 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: CEO NAME: TUBBESING, JENS STREET ADDRESS: 8010 ROSWELL RD #300 CITY-ST-ZIP: ATLANTA, GA 30350 <input checked="" type="checkbox"/> Delete			TITLE: COO NAME: Egan, Richard STREET ADDRESS: 8200 Roberts Dr. ste 200 CITY-ST-ZIP: Atlanta, Ga 30350 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: CFO NAME: BUEHLER, CHRISTIANE STREET ADDRESS: 8010 ROSWELL RD STE 300 CITY-ST-ZIP: ATLANTA, GA 30350 <input type="checkbox"/> Delete			TITLE: Same NAME: Same STREET ADDRESS: 8200 Robert Dr. Ste 200 CITY-ST-ZIP: Atlanta, Ga 30350 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: D NAME: GEYSLS, KRIS STREET ADDRESS: 8010 ROSWELL RD STE 300 CITY-ST-ZIP: ATLANTA, GA 30350			TITLE: D NAME: D STREET ADDRESS: 8200 Robert Dr, Ste 200 CITY-ST-ZIP: Atlanta, Ga 30350 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: VPC NAME: HUSSEY, KEVIN STREET ADDRESS: 8010 ROSWELL RD., SUITE 300 CITY-ST-ZIP: ATLANTA, GA 30350			TITLE: VPC NAME: VPC STREET ADDRESS: 8200 Robert Dr. ste 200 CITY-ST-ZIP: Atlanta, Ga 30350 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: <input type="checkbox"/> Delete			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: <u>[Signature]</u> DATE: <u>4/25/06</u> DAYTIME PHONE #: <u>770 353 4200</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					