


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90072 007 ***158.75

DOCUMENT # 815835

1. Entity Name
ABX LOGISTICS (USA) INC.



Principal Place of Business
8200 ROBERTS DR, STE 200
ATLANTA, GA 30350 US

Mailing Address
8200 ROBERTS DR, STE 200
ATLANTA, GA 30350 US

2. Principal Place of Business - No P.O. Box #
7651 ESTERS BLVD.

3. Mailing Address
7651 ESTERS BLVD

Suite, Apt. #, etc.
STE 210

City & State
IRVING, TX

Zip
75063

Country
USA

40075320



04112007 Chg-P CR2E034 (12/06)

4. FEI Number
13-5543269

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FUENTES, CHRISTIANA
8501 NW 17TH ST
STE 120
MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name
CRISTINA FUENTES

Street Address (P.O. Box Number is Not Acceptable)
8501 NW 17TH ST

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 *Pierre Sorel* **PIERRE SOREL, CFO** **04-11-2007**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO EGAN, RICHARD 8200 ROBERTS DR, STE 200 ATLANTA, GA 30350	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO BUEHLER, CHRISHIANE 8200 ROBERTS DR, STE 200 ATLANTA, GA 30350	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEYSELS, KRIS 8200 ROBERTS DR, STE 200 ATLANTA, GA 30350	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC HUSSEY, KEVIN 8200 ROBERTS DR, STE 200 ATLANTA, GA 30350	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO PATRICK MOEBEL 7651 ESTERS BLVD, STE 210 IRVING, TX 75063	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO PIERRE SOREL 7651 ESTERS BLVD, STE 210 IRVING, TX 75063	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	pls. remove	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	pls. remove	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: *Pierre Sorel* **PIERRE SOREL, CFO** **04-11-2007** **972-9830048**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #