

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90103 040 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 819816

1. Corporation Name
UNITED PARCEL SERVICE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 55 GLENLAKE PARKWAY, NE
 ATLANTA GA 30328
 US

Mailing Address
 55 GLENLAKE PKWY NE
 ATLANTA GA 30328
 US

3. Date Incorporated or Qualified
08/15/1966

4. FEI Number
36-2407381

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

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

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	DC	<input type="checkbox"/> DELETE
NAME	KELLY, JAMES P	
STREET ADDRESS	55 GLENLAKE PARKWAY NE	
CITY-ST-ZIP	ATLANTA GA 30328	
TITLE	VSDQ	<input type="checkbox"/> DELETE
NAME	MODEROW, JOSEPH R	
STREET ADDRESS	55 GLENLAKE PKWY NE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	VTP	<input type="checkbox"/> DELETE
NAME	CLANIN, ROBERT J	
STREET ADDRESS	55 GLENLAKE PKWY NE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	AST	<input type="checkbox"/> DELETE
NAME	MCLEAN, LINDA M.	
STREET ADDRESS	55 GLENLAKE PARKWAY, NE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	ARGETA, MAURICE	
STREET ADDRESS	55 GLENLAKE PKWY NE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	PICA, EUGENE A	
STREET ADDRESS	55 GLEMLAKE PKY ME	
CITY-ST-ZIP	ATLANTA GA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D/C/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D/V/S/AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D/V/T/AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	AS/AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	V/AS/AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	AGRESTA,	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	AT/AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE Eugene A Pica **SIGNATURE REQUIRED** 4/19/99 (404) 828-6093
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)