


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 28, 2004 8:00 am**  
**Secretary of State**

01-28-2004 90009 001 \*\*\*150.00

**DOCUMENT # 819816**  
 1. Entity Name  
**UNITED PARCEL SERVICE, INC.**



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

Mailing Address  
**55 GLENLAKE PKWY NE**  
**ATLANTA, GA 30328 US**

**94005600**



01162004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**36-2407381**

Applied For  
 Not Applicable

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

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

**DO NOT WRITE IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DCP
NAME	ESKEW, MICHAEL L
STREET ADDRESS	55 GLENLAKE PARKWAY NE
CITY-ST-ZIP	ATLANTA, GA 30328
TITLE	VSAT
NAME	MODEROW, JOSEPH R
STREET ADDRESS	55 GLENLAKE PKWY NE
CITY-ST-ZIP	ATLANTA, GA
TITLE	DVTS
NAME	DAVIS, SCOTT
STREET ADDRESS	55 GLENLAKE PKWY NE
CITY-ST-ZIP	ATLANTA, GA 30324
TITLE	ASAT
NAME	AGRESTA, MAURICE
STREET ADDRESS	55 GLENLAKE PKWY NE
CITY-ST-ZIP	ATLANTA, GA
TITLE	ATAS
NAME	PICA, EUGENE A
STREET ADDRESS	55 GLENLAKE PKY ME
CITY-ST-ZIP	ATLANTA, GA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ (Signature)  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1-23-04** Daytime Phone #: **(404) 828-6307**