

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90363 014 ***150.00

0001205 AV

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**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip



CHECK HERE IF MAKING CHANGES

4. FEI Number **36-2407381**

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

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	DCP	<input type="checkbox"/> Delete
NAME	ESKEW, MICHAEL L	
STREET ADDRESS	55 GLENLAKE PARKWAY NE	
CITY-ST-ZIP	ATLANTA GA 30328	
TITLE	VSAT	<input type="checkbox"/> Delete
NAME	MODEROW, JOSEPH R	
STREET ADDRESS	55 GLENLAKE PKWY NE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	DVTS	<input type="checkbox"/> Delete
NAME	DAVIS, SCOTT	
STREET ADDRESS	55 GLENLAKE PKWY NE	
CITY-ST-ZIP	ATLANTA GA 30324	
TITLE	ASAT	<input type="checkbox"/> Delete
NAME	AGRESTA, MAURICE	
STREET ADDRESS	55 GLENLAKE PKWY NE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	ATAS	<input type="checkbox"/> Delete
NAME	PICA, EUGENE A	
STREET ADDRESS	55 GLEMLAKE PKY ME	
CITY-ST-ZIP	ATLANTA GA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 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		

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: *Eugene A. Pica* SIGNATURE REQUIRED *Eugene A. Pica* 4-28-03 (404) 828-6093

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

CR2E034 (10/02)