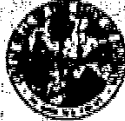


**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 APR 28 PM 3:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **821601** (2)

1. Corporation Name  
**UPS THRIFT PLAN CORPORATION**

Principal Place of Business Mailing Address  
**400 PERIMETER CENTER TERRACES NORTH** **400 PERIMETER CENTER TERRACES NORTH**  
**P.O. BOX 86259** **P.O. BOX 86259**  
**ATLANTA GA 30356** **ATLANTA GA 30356**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/28/1968** 3a. Date of Last Report **05/01/1994**

4. FEI Number **13-6163091** Applied For  
 Not Applicable

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

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

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **55 Glenlake Parkway, NE** 26 **55 Glenlake Parkway, NE**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **Atlanta, GA** 27 **Atlanta, GA**  
City & State City & State  
24 **30328** 25 **US** 28 **30328** 30 **US**  
Zip Country Zip Country

**8. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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 agent 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

(DATE)

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE **AT**  
NAME **AGRESTA, MAURICE M**  
STREET ADDRESS **400 PERIMETER CTR TERR N**  
CITY - ST - ZIP **ATLANTA GA**  
TITLE **S**  
NAME **MODEROW, JOSEPH R.**  
STREET ADDRESS **400 PERIMETER CTR TERR N**  
CITY - ST - ZIP **ATLANTA GA**  
TITLE **V**  
NAME **CLANIN, ROBERT J**  
STREET ADDRESS **400 PERIMETER CENTER-TERRACES NORTH**  
CITY - ST - ZIP **ATLANTA GA**  
TITLE **DT**  
NAME **JACOBY, EDWIN A.**  
STREET ADDRESS **400 PERIMETER CTR TERR N**  
CITY - ST - ZIP **ATLANTA GA**  
TITLE **PD**  
NAME **NELSON, KENT C.**  
STREET ADDRESS **400 PERIMETER CTR TERR N**  
CITY - ST - ZIP **ATLANTA GA**  
TITLE **VAS**  
NAME **TEETZ, MELVIN**  
STREET ADDRESS **400 PERIMETER CTR TERR N**  
CITY - ST - ZIP **ATLANTA GA**

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS **55 Glenlake Parkway, NE**  
1.4 CITY - ST - ZIP **Atlanta, GA 30328**  
2.1 TITLE **DS**  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS **55 Glenlake Parkway, NE**  
2.4 CITY - ST - ZIP **Atlanta, GA 30328**  
3.1 TITLE **DT**  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS **55 Glenlake Parkway, NE**  
3.4 CITY - ST - ZIP **Atlanta, GA 30328**  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS **DELETE**  
4.4 CITY - ST - ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS **55 Glenlake Parkway, NE**  
5.4 CITY - ST - ZIP **Atlanta, GA 30328**  
6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS **55 Glenlake Parkway, NE**  
6.4 CITY - ST - ZIP **Atlanta, GA 30328**

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated in the annual report or supplemental annual reports 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 majority shareholder 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.

SIGNATURE: *Maurice M. Agresta* **Maurice M. Agresta**

4/24/95 (404) 828-7237