

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

**FILED**  
**May 13 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT #**

821601

1. Corporation Name

**UPS THRIFT PLAN CORPORATION**

Principal Place of Business

**55 GLENLAKE PARKWAY, NE.  
 ATLANTA, GA 30328**

Mailing Address

**55 GLENLAKE PARKWAY, NE.  
 ATLANTA, GA 30328**

3. Date incorporated or Qualified  
**6/28/68**

3a. Date of Last Report  
**4/24/95**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
**13-6163091**

Applied For  
 Not Applicable

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

22. City & State

27. City & State

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

23. Zip

Country

28. Zip

Country

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

24. Zip

25. Country

29. Zip

30. Country

9. 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**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

**FL**

B5 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

(Type, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

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

TITLE	<b>AT</b> <input type="checkbox"/> DELETE
NAME	<b>AGRESTA, MAURICE M.</b>
STREET ADDRESS	<b>55 GLENLAKE PARKWAY, NE.</b>
CITY-STATE-ZIP	<b>ATLANTA, GA 30328</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>MODEROW, JOSEPH R.</b>
STREET ADDRESS	<b>55 GLENLAKE PARKWAY, NE.</b>
CITY-STATE-ZIP	<b>ATLANTA, GA 30328</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>CLANIN, ROBERT J.</b>
STREET ADDRESS	<b>55 GLENLAKE PARKWAY, NE.</b>
CITY-STATE-ZIP	<b>ATLANTA, GA 30328</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>KELLY, JAMES P.</b>
STREET ADDRESS	<b>55 GLENLAKE PARKWAY, NE.</b>
CITY-STATE-ZIP	<b>ATLANTA, GA 30328</b>
TITLE	<b>VAS</b> <input type="checkbox"/> DELETE
NAME	<b>TEETZ, MELVIN</b>
STREET ADDRESS	<b>55 GLENLAKE PARKWAY, NE.</b>
CITY-STATE-ZIP	<b>ATLANTA, GA 30328</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

*Handwritten signature and date: 4/5/13/97*

**300002189003**  
**-05/23/97--01002--004**  
**\*\*\*\$50.00**

14. I do 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.

SIGNATURE

*Handwritten signature of Maurice M. Agresta*

**MAURICE M. AGRESTA**

(Type, typed or printed name of signing officer or director)

**4/30/97**

Date

**(404) 828-7237**

Daytime Phone #

CR2E034 (9/96)