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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

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Apr 09 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 835924

(2)

| PONY EX | XPRESS COURIER CORP. | (-/ | | | 1 1000 1110 1110 1110 0 1110 1110 1110 | ATAN ANDNI ANDNI ANDNI ANDNI ANDNI ANDNI |
|---|--|---------------------------------|--------------------------|--------------------------------|---|--|
| Principal Place of Business Mailing Address 5550 77 CENTER DRIVE 200 S. MICHIGAN AVE. SUITE 320 CHICAGO IL 60604-240 CHARLOTTE NC 26217 | | | | | | |
| OF THE OTHER | S EOLIT | | | | 3. Date Incorporated or Qualified 03/12/1976 | 3a. Date of Last Report 05/01/1996 |
| 2. Principal Pt | ace of Business | 2a. Mailing Address | | | 4. FEI Number | Applied For |
| 21 | | 26 | | | 22-2086810 | Not Applica |
| Suite, Apt a | #. etc | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | 1 | City & State | | | O. Florida Committee Committee | |
| 1 | • | 28 | | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Z (p) | Country Zip | | Country | | B. This corporation has liability for it | |
| 24 | 25 | 29 | 30 | | |]Yes □ No |
| | 9. Name and Address of Curren | it Registered Agent | | 1 | 10. Name and Address of New Re | alstered Agent |
| | CORPORATION SYSTEM | | 81 | Name | | |
| |) S. PINE ISLAND ROAD | | 82 | Street Ac | ddress (P.O. Box Number is Not Acceptab | le) |
| PLA | NTATION FL 33324 | | 83 | ļ | | |
| | | | 03 | | | |
| | | | 84 | City | | FL 85 Zip Code |
| 44 Discussions | the the section of Continue CO7 050 | 12 and 602 1609 Florida Stat | itos the abou | o pomod or | orporation submits this statement for the p | |
| office of th | egistered agent, or both, in the State | of Florida, Such change was | authorized b | y the corpo | orporation's doctries this statement for the paration's board of directors. I hereby accept | it the appointment as registere |
| agent Lar | n familiar with, and accept the obligi | ations of, Section 607,0505. I | Florida Statute | s. | | |
| \$ GNATURE | bignars estapo a propinted name or registered agai | nt and title if apolicable (NS | DTE: Registered Ad | ent signature re | quired when re-ristating) | DATE |
| 12. | OFFICERS AN | | 13. | | ADDITIONS/CHANGES TO OFFIC | ERS AND DIRECTORS IN 12 |
| THEF | P | DELETE | 1.1 TITLE | | P | Change Addi |
| N/ME | NABER, DREW S. | | 1.2 NAME | | BERGER, WONALD G | • • |
| STREET ALCHUSS | 5550 77 CENTER DR | | 1.3 STREE | T ADDRESS | BERGER, DONALD G | |
| CODY ST ZVE | CHARLOTTE NC | | 1.4 CITY - | | CHARLOTTE, NC | |
| 114 | V | [_] DELETE | 2.1 TITLE | 1 | · | L Change L Addi |
| NAMi | WOOD, TIMOTHY M. | | 2.2 NAME | | | |
| STREET ALORESS | 200 S.MICHIGAN AVENUE CHICAGO IL | | | T ADDRESS | | |
| CHY SL 741 THE | S | DELETE | 2. 4 CITY - 3.1 TITLE | SI-ZIP | ************************************** | Change Add |
| NAME | HESS, JERRY E | | 3.2 NAME | | | |
| STREET ADDRESS | 5550 77 CENTER DRIVE | | | 1 ADDRESS | | |
| CHY ST-Zir | CHARLOTTE NC | | 3.4. CITY - | | | |
| TIBLE | D | DELETE | 4.1 TITLE | | DIRECTOR ADOR'AN, JOE J, BOO S.MICHISHN AVE 2HICAGO TL | Change Addi |
| NW. | TRAUSCHT, D.C. | | 4. 2 NAME | . | AdORIAN, JOE J. | |
| STREET ADDRESS | 200 S MICHIGAN AVE | | 4.3 STREE | T ADDRESS | DOO S. MICHISAN AVE | t |
| C IY S1-ZIP | CHICAGO IL | | 44 C/TY- | ST-2IP (| CHICAGO IL | |
| 11,116 | AS | DELETE | 5.1 TITLE | | | Change Add |
| NAME | BLIGH, DIANA W. | | 5.2 NAME | - 1 | | |
| STREET ADDRESS | 200 S. MICHIGAN AVE. | | | T ADDRESS | | |
| 01x - ST - ZI ^p | CHICAGO IL | DELETE | 5.4 CITY - 6.1 TITLE | ST-ZIP | | Change Add |
| TIRL | d O'Brien, John D. | اسا مدددد | 6.2 NAME | | | ET PUBLISE ET AUG |
| NAME STREET ADDRESS | 200 S. MICHIGAN AVENUE | | | T ADDRESS | | |
| CITY S1-Z0F | CHICAGO IL | | 6.3 STHEE | | | |
| 14. I do heret | by certify that the information supplie | d with this filing does not qua | lify for the ex | emption sta | ted in Section 119.07(3)(i), Florida Statute | s. I further certify that the |
| Laor an ol | n indicated on this annual report or s flicer or director of the corporation or n Block 12 or Block 13 if changed, o | r the receiver or trustee emor | owered to exe | urate and the cute this rep | hat my signature shall have the same lega port as required by Chapter 607, Florida S | i effect as if made under oath; tatutes; and that my name |

Diana W. Bligh 3/31/97