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

CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

CHICAGO IL

(2)

FILED

May 28 1998 8:00am

Secretary of State

PONY I	EXPRESS DELIVERY SERVI	CES, INC.			
Principal Place	e of Business	Mailing Address			NINIA NINIA DIBIL DINIA NINIA NINIA DINIA LANDI
5550 77 CENTER DRIVE 200 S. MICHIGAN AVE.					
SUITE 320 CHICAGO IL 60804				DO NOT WRITE IN THIS \$PACE	
CHARLOTTE NC 28217				3. Date Incorporated or Qualified	VIIIIO OI AOL
				03/12/1976	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		22-2086810	Not Applicable
Suite, Apt. 4	#, etc.	Suite, Apl. #, etc.		5, Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6 Floring Committee Financian	
23		28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	7 ₁₀	Country	8. This corporation owes or has paid	
24	25	29	30	Personal Property Tax due June 3	
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Regi	stered Agent
	CORPORATION SYSTEM		81 Name		
1200 S. PINE ISLAND ROAD		82 Street Add	ress (P.O. Box Number is Not Acceptable))	
PLANTATION FL 33324			100		
			83	•	
			84 City		FL 85 Zip Code
11 Pursuant i	to the provisions of Sections 607 050	2 and 607 1508 Florida Statute	es, the above-named corr	poration submits this statement for the pu	
office or re agent. I a	egistered agent, or both, in the State in familiar with, and accept the oblig	of Florida. Such ch ange was a ations of, Section 607,0505, Flo	authorized by the corpora orida Statutes.	poration submits this statement for the pution's board of directors. I hereby accept	the appointment as registered
SIGNATURE	Signature, typed or printed name of registered again	(NO)	Registered Agent signature requi	rad when reinstaling)	DATE
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	P	DELETE	1.1 THLE		Change Addition
NAME	BERGER, DONALD G.		1.2 NAME		
STREET ADDRESS	5550 77 CENTER DR		1.3 STHEET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC		1.4 CITY-ST-ZIP		
TITLE	V	DELETE	2.1 TITLE		Change Addition
NAME	WOOD, TIMOTHY M.		2.2 NAME		
STREET ADDRESS	200 S.MICHIGAN AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	DELETE	2. 4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	HESS, JERRY E	☐ DELETE	3.1 TITLE		Ci puanăs Ci voquion
NAME STREET ADDRESS	5550 77 CENTER DRIVE		3.2 NAME 3.3 STREET ADDRESS		
	CHARLOTTE NC		3.4. CITY-ST-ZIP		
CITY - ST - ZIP	D	DELETE	4.1 TITLE		Change Addition
NAME	ADORIAN, JOE J.		4. 2 NAME		
STREET ADDRESS	200 S MICHIGAN AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL		4.4 CITY- ST-2IP		
TITLE	AS	☐ DELETE	5.1 TO LE		Change Addition
NAME	BLIGH, DIANA W.		5.2 NAME		
STREET ADDRESS	200 S. MICHIGAN AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL		5.4 CITY-ST-ZIP		
TITLE	D DOLLH TOTHER	DELETE	6.1 TITLE		Change Addition
NAME	O'BRIEN, JOHN D.		6.2 NAME		
STREET ADDRESS	200 S. MICHIGAN AVENUE		6.3 STREET ADDRESS		

14. Thereby 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 suppliencental annual report is true and accurate and that my signature shall have the same legal offect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted 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.

6.4 CITY - ST - ZIP