2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 856746

Entity Name: TNT USA INC.

Title:

Name:

Address: City-St-Zip: FILED Jan 06, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3 HUNTINGTON QUADRANGLE SUITE 201 SOUTH MELVILLE, NY 11747 **Current Mailing Address: New Mailing Address:** 3 HUNTINGTON QUADRANGLE SUITE 201 SOUTH MELVILLE, NY 11747 FEI Number: 13-2906902 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYES ST. STE. 105 TALLAHASSEE, FL 32301 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition MCDONOUGH, MATTHEW J Name: Name: 3 HUNTINGTON QUADRANGLE Address: Address: City-St-Zip: MELVILLE, NY 11747 City-St-Zip: VTD Title: Title: () Delete () Change () Addition Name: ERNST, STEPHEN A Name: 3 HUNTINGTON QUADRANGLE Address: Address: MELVILLE, NY 11747 City-St-Zip: City-St-Zip: Title: Title: VD () Delete () Change () Addition VAN ZEYL, ROBERT Name: Name: 3 HUNTINGTON QUADRANGLE Address: Address: City-St-Zip: MELVILLE, NY 11747 City-St-Zip: Title: () Delete Title: () Change () Addition LAPONTE, MARY CONWAY Name: Name: Address: 3 HUNTINGTON QUADRANGLE Address: City-St-Zip: MELVILLE, NY 11747 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MARY CONWAY LAPONTE VS 01/06/2009

() Delete

3 HUNTINGTON QUADRANGLE

CORI, MAUREEN

MELVILLE, NY 11747

() Change () Addition