


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2004 8:00 am
Secretary of State

01-28-2004 90010 010 ***150.00

DOCUMENT # F02000001078

1. Entity Name
 UPS SUPPLY CHAIN SOLUTIONS GENERAL SERVICES, INC.



Principal Place of Business
 55 GLENLAKE PARKWAY NE
 ATLANTA, GA 30328

Mailing Address
 55 GLENLAKE PARKWAY NE
 ATLANTA, GA 30328

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



01162004 Chg-P CR2E034 (10/03)

4. FEI Number
 58-2519913

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.


SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RHONEY, MARK		NAME		
STREET ADDRESS	55 GLENLAKE PARKWAY NE		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30328		CITY-ST-ZIP		
TITLE	DC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESKEW, MICHAEL L		NAME		
STREET ADDRESS	55 GLENLAKE PARKWAY NE		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30328		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	DIVITIAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, SCOTT D		NAME		
STREET ADDRESS	55 GLENLAKE PARKWAY NE		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30328		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAER, DAVID		NAME		
STREET ADDRESS	55 GLENLAKE PARKWAY NE		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30328		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOPKINS, MARK S		NAME		
STREET ADDRESS	55 GLENLAKE PARKWAY NE		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30328		CITY-ST-ZIP		
TITLE	AT	<input type="checkbox"/> Delete	TITLE	ATAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PICA, EUGENE A		NAME		
STREET ADDRESS	55 GLENLAKE PARKWAY NE		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30328		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **1-21-04 (404) 828-6307**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #