

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001078

FILED
Mar 12, 2011
Secretary of State

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

Current Principal Place of Business:

55 GLENLAKE PARKWAY NE
ATLANTA, GA 30328

New Principal Place of Business:

Current Mailing Address:

55 GLENLAKE PARKWAY NE
ATLANTA, GA 30328

New Mailing Address:

FEI Number: 58-2519913

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DCEO
Name: DAVIS, D SCOTT
Address: 55 GLENLAKE PARKWAY NE
City-St-Zip: ATLANTA, GA 30328

Title: VPTD
Name: KUEHN, KURT P
Address: 55 GLENLAKE PARKWAY NE
City-St-Zip: ATLANTA, GA 30328

Title: ASAT
Name: TONG, WINIFER P
Address: 55 GLENLAKE PARKWAY NE
City-St-Zip: ATLANTA, GA 30328

Title: D
Name: STOFFEL, ROBERT E
Address: 12380 MORRIS ROAD
City-St-Zip: ALPHARETTA, GA 30005

Title: DVPS
Name: MCCLURE, TERI P
Address: 55 GLENLAKE PKWY NE
City-St-Zip: ATLANTA, GA 30328

Title: AST
Name: TONG, WINIFER P
Address: 55 GLENLAKE PARKWAY, NE
City-St-Zip: ATLANTA, GA 30328

I hereby 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 all other like empowered.

SIGNATURE: WINIFER P. TONG

AST

03/12/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date