

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005171

FILED  
Apr 23, 2012  
Secretary of State

**Entity Name:** FEDEX SMARTPOST, INC.

**Current Principal Place of Business:**

16555 WEST ROGERS  
NEW BERLIN, WI 53151

**New Principal Place of Business:**

**Current Mailing Address:**

1000 FEDEX DRIVE  
MOON TOWNSHIP, PA 15108

**New Mailing Address:**

**FEI Number:** 20-1417347

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: DC  
Name: REBHOLZ, DAVID F  
Address: 1000 FEDEX DRIVE  
City-St-Zip: MOON TOWNSHIP, PA 15108

Title: PCEO  
Name: WALLANDER, BARBARA B  
Address: 16555 WEST ROGERS  
City-St-Zip: NEW BERLIN, WI 53151

Title: VP  
Name: BLANCETT, CARY S  
Address: 1000 FEDEX DRIVE  
City-St-Zip: MOON TOWNSHIP, PA 15108

Title: AS  
Name: DEPOY, SCOTT  
Address: 1000 FEDEX DRIVE  
City-St-Zip: MOON TOWNSHIP, PA 15108

Title: S  
Name: BLANCETT, CARY S  
Address: 1000 FEDEX DRIVE  
City-St-Zip: MOON TOWNSHIP, PA 15108

Title: T  
Name: SMARTO, GRETCHEN G  
Address: 1000 FEDEX DRIVE  
City-St-Zip: MOON TOWNSHIP, PA 15108

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: SCOTT DEPOY

AS

04/23/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date