

F04000005330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

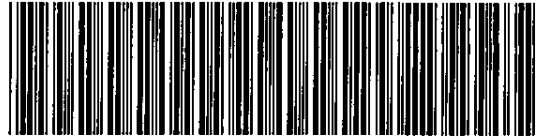
(Business Entity Name)

(Document Number)

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FILED  
07 APR -3 AM 11:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** NAME CHANGE - Airborne FTZ, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** FO 4000005330

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lynn Blake  
(Name of Contact Person)

ABX Air Inc.  
(Firm/Company)

145 HUNTER DRIVE, 2061-N  
(Address)

Wilmington, OH 45177  
(City/State and Zip Code)

For further information concerning this matter, please call:

Lynn Blake at ( 937 ) 366-2662  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35.00 Filing Fee       \$43.75 Filing Fee & Certificate of Status       \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)       \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO**  
**APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

**FILED**  
**07 APR -3 AM 11:04**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

FO 4000005330  
(Document number of corporation (if known))

1. A. Airborne FT2, Inc.  
(Name of corporation as it appears on the records of the Department of State)
2. State of Ohio (Incorporated under laws of)
3. \_\_\_\_\_ (Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 6/15/06
5. ABX Material Services, Inc.  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

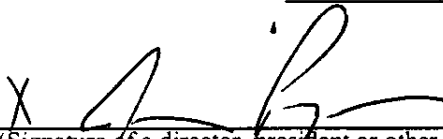
\_\_\_\_\_  
(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

\_\_\_\_\_  
(New jurisdiction)

X   
(Signature of a director, president or other officer - if in the hands of a receiver or other court-appointed fiduciary, by that fiduciary)

W. Joseph Payne  
(Typed or printed name of person signing)

Director  
(Title of person signing)



JATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
06/16/2006	200616701376	DOMESTIC/AMENDMENT TO ARTICLES (AMD)	50.00	100.00	.00	.00	.00

**Receipt**

This is not a bill. Please do not remit payment.

VORYS, SATER, SEYMOUR & PEASE  
52 E. GAY STREET  
COLUMBUS, OH 43215

**STATE OF OHIO  
CERTIFICATE**

**Ohio Secretary of State, J. Kenneth Blackwell**

599738

It is hereby certified that the Secretary of State of Ohio has custody of the business records for  
**ABX MATERIAL SERVICES, INC.**

and, that said business records show the filing and recording of:

Document(s)

**DOMESTIC/AMENDMENT TO ARTICLES**

Document No(s):

**200616701376**



United States of America  
State of Ohio  
Office of the Secretary of State

Witness my hand and the seal of  
the Secretary of State at Columbus,  
Ohio this 15th day of June, A.D.  
2006.

*J. Kenneth Blackwell*  
Ohio Secretary of State



Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State  
 Central Ohio (614) 466-3910  
 Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sos  
 e-mail: busserv@sos.state.oh.us

<b>Expedite this Form: (Select One)</b>	
<b>Mail Form to one of the Following:</b>	
<input checked="" type="radio"/> Yes	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of \$100 ***
<input type="radio"/> No	PO Box 1028 Columbus, OH 43216

**Certificate of Amendment by  
 Shareholders or Members  
 (Domestic)  
 Filing Fee \$50.00**

**(CHECK ONLY ONE (1) BOX)**

(1) Domestic for Profit <input type="checkbox"/> Amended (122-AMAP)	<b>PLEASE READ INSTRUCTIONS</b>	<input checked="" type="checkbox"/> Amendment (125-AMDS)	(2) Domestic Non-Profit <input type="checkbox"/> Amended (128-AMAN)	<input type="checkbox"/> Amendment (128-AMD)
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**Complete the general information in this section for the box checked above.**

Name of Corporation: Airborne FT Z, Inc.

Charter Number: 599738

Name of Officer: W. Joseph Payne

Title: Secretary

Please check if additional provisions attached

The above named Ohio corporation, does hereby certify that

A meeting of the  shareholders  directors (non-profit amended articles only)

members was duly called and held on \_\_\_\_\_ (Date)

at which meeting a quorum was present in person or by proxy, based upon the quorum present, an affirmative vote was cast which entitled them to exercise \_\_\_\_\_ % as the voting power of the corporation.

In a writing signed by all of the  shareholders  directors (non-profit amended articles only)

members who would be entitled to the notice of a meeting or such other proportion not less than a majority as the articles of regulations or bylaws permit

**Clause applies if amended box is checked.**

Resolved, that the following amended articles of incorporations be and the same are hereby adopted to supercede and take the place of the existing articles of incorporation and all amendments thereto.

All of the following information must be completed if an amended box is checked.  
 If an amendment box is checked, complete the areas that apply.


FIRST: The name of the corporation is: ABX Material Services, Inc.

SECOND: The place in the State of Ohio where its principal office is located is in the City of:  
 \_\_\_\_\_  
(city, village or township) (county)

THIRD: The purposes of the corporation are as follows:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

FOURTH: The number of shares which the corporation is authorized to have outstanding is: \_\_\_\_\_  
(Does not apply to box (2))

**REQUIRED**  
 Must be authenticated  
 (signed) by an authorized  
 representative  
 (See instructions)

  
 Authorized Representative  
W. Joseph Payne, Secretary  
(Print Name)

June 15, 2006  
 Date

\_\_\_\_\_  
 Authorized Representative  
(Print Name)

\_\_\_\_\_  
 Date