


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000005965
 1. Entity Name
VELOCITY EXPRESS, INC.



Principal Place of Business Mailing Address
ONE MORNINGSIDE DRIVE NORTH **620 OLSON MEMORIAL HIGHWAY**
WESTPORT, CT 06880 **MINNEAPOLIS, MN 55411**

DO NOT WRITE IN THIS SPACE



02272006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
76-0424426 Not Applicable

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

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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's signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

1100000479498
 04/10/06-80007-004 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD WASIK, VINCE ONE MORNINGSIDE DRIVE, BLDG B WESTPORT, CT 06880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HENDRICKSON, JEFFREY ONE MORNINGSIDE DRIVE, BLDG B WESTPORT, CT 06880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS FREDENBURG, WESLEY C 620 OLSON MEMORIAL HIGHWAY MINNEAPOLIS, MN 55411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS LINDVALL, JAMES 620 OLSON MEMORIAL HIGHWAY MINNEAPOLIS, MN 55411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALUCH, ALEXANDER I ONE MORNINGSIDE DRIVE, BLDG B WESTPORT, CT 06880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, JAMES G 200 MADISON AVENUE NEW YORK, NY 10016

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 files empowered.

SIGNATURE: James C. Lindvall **James C. Lindvall** 3/20/06 952-835-4687
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytona Phone #