


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90416 019 ***150.00

DOCUMENT # F04000005965

1. Entity Name
VELOCITY EXPRESS, INC.



Principal Place of Business
**ONE MORNINGSIDE DRIVE NORTH
 WESPORT CT 06880**

Mailing Address
**620 OLSON MEMORIAL HIGHWAY
 MINNEAPOLIS MN 55411**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address
7803 Glenroy Rd

Suite, Apt. #, etc.
200

1st MOORE CR2E034 (10/06)

City & State
Minneapolis, MN

4. FEI Number **76-0424426**

Applied For
 Not Applicable

Zip **55439** Country **USA**

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**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO Edward Stone one morningside Dr., Bldg B Westport, CT 06880	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	7803 Glenroy Rd. Suite 200 Minneapolis, MN 55439	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: *James C Lindvall* **James C Lindvall** 4/15/07 952-835-4687

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