


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90013 032 \*\*\*150.00

<b>DOCUMENT # F0400005965</b>			
1. Entity Name <b>VELOCITY EXPRESS, INC.</b>			
Principal Place of Business <b>ONE MORNINGSIDE DRIVE NORTH WESPORT CT 06880</b>		Mailing Address <b>7803 GLENROY RD <del>200 101</del> MINNEAPOLIS MN 55439</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Suite 101</b>	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/07)

4. FEI Number <b>76-0424426</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>		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 reappointing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO FREDENBURG, WESLEY C ONE MORNINGSIDE DR. BLDG B WESTPORT CT 06880 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director & 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	VAS LINDVALL, JAMES 7803 GLENROY RD. SUITE 200 MINNEAPOLIS MN 55439 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7803 Glenroy Rd., Suite 101 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALUCH, ALEXANDER I ONE MORNINGSIDE DRIVE, BLDG B WESTPORT CT 06880 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Vice President + Secretary Mark T. Carlesimo 80 Wesley Street S. Hackensack, N.J. 07606 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, JAMES G 200 MADISON AVENUE NEW YORK NY 10016 <input checked="" type="checkbox"/> Delete	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 in an attachment with an address, with all other like empowered.

**SIGNATURE:** *James Lindvall* **James Lindvall** **4-2-08** **952-835-4687**

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