


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 14, 2004 8:00 am**  
**Secretary of State**

06-14-2004 90006 014 \*\*\*550.00

**DOCUMENT # F97000002304**  
 1. Entity Name  
**VELOCITY EXPRESS LEASING SOUTHEAST, INC.**



Principal Place of Business  
**1340 MILLEDGE STREET  
 EAST POINT, GA 30344**

Mailing Address  
**7803 GLENROY ROAD  
 BLOOMINGTON, MN 55439**


**44046587**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country



06022004 Chg-P CR2E034 (10/03)

4. FEI Number  
**56-1949063**

Applied For  
 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**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004**

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 P Delete <input checked="" type="checkbox"/>	NAME SERRI, VICROR STREET ADDRESS 7676 HILLMONT, STE 300 CITY-ST-ZIP HOUSTON, TX 77040	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME PRESIDENT WASIK, VINCENT STREET ADDRESS 7803 GLENROY RD, STE 200 CITY-ST-ZIP BLOOMINGTON, MN 55439
TITLE Delete <input checked="" type="checkbox"/>	NAME COO PARELL, JEFFRY STREET ADDRESS 7803 GLENROY RD, STE 200 CITY-ST-ZIP BLOOMINGTON, MN 55439	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME COO HENDRICKSON, JEFFREY STREET ADDRESS 7803 GLENROY RD, STE 200 CITY-ST-ZIP BLOOMINGTON, MN 55439
TITLE Delete <input checked="" type="checkbox"/>	NAME VT TIES, MARK STREET ADDRESS 7803 GLENROY RD, STE 200 CITY-ST-ZIP BLOOMINGTON, MN 55439	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME CFO, TREASURER LEWIS, ROBERT STREET ADDRESS 7803 GLENROY RD, STE 200 CITY-ST-ZIP BLOOMINGTON, MN 55439
TITLE Delete <input type="checkbox"/>	NAME VSD FREDENBERG, WESLEY STREET ADDRESS 7803 GLENROY RD, STE 200 CITY-ST-ZIP BLOOMINGTON, MN 55439	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
TITLE Delete <input type="checkbox"/>	NAME VAS LINDVALL, JIM STREET ADDRESS 7803 GLENROY RD, STE 200 CITY-ST-ZIP BLOOMINGTON, MN 55439	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
TITLE Delete <input type="checkbox"/>	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Jim Lindvall* **Jim Lindvall** 6/10/04 6:12/492-5422  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #