

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Jim Smen
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 9:01

STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Corporation Name
ABX AIR INC.

DOCUMENT #
P21439 (5)

Mailing Address
**145 HUNTER DR
WILMINGTON OH 45177**

Principal Place of Business
**145 HUNTER DR
WILMINGTON OH 45177**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Mailing Address
21 []
Suite, Apt. #, etc.
22 []
City & State
23 []
Zip
24 []

2a. Principal Place of Business
25 []
Suite, Apt. #, etc.
26 []
City & State
27 []
Zip
28 []

3. Date Incorporated or Qualified
10/25/1988

3a. Date of Last Report
03/11/1994

4. FEI Number
91-1091619

5. Certificate of Status Desired
\$8.75

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

7. Nonprofit Exempt from \$138.75 Supplemental Fee

8. This corporation has liability for intangible tax under S. 100.022, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

1.1 TITLE	P
1.2 NAME	DONAWAY CARL
1.3 STREET ADDRESS	14598 NC 58TH STREET
1.4 CITY - ST - ZIP	BELLEVUE WA
2.1 TITLE	C
2.2 NAME	MCCLAIN, ANDREA D.
2.3 STREET ADDRESS	145 HUNTER DRIVE
2.4 CITY - ST - ZIP	WILMINGTON OH
3.1 TITLE	V
3.2 NAME	HETE, JOE
3.3 STREET ADDRESS	145 HUNTER DRIVE
3.4 CITY - ST - ZIP	WILMINGTON OH
4.1 TITLE	V
4.2 NAME	SCHERZ, TERRY
4.3 STREET ADDRESS	145 HUNTER DRIVE
4.4 CITY - ST - ZIP	WILMINGTON OH
5.1 TITLE	V
5.2 NAME	MORGENFELD, ROBERT
5.3 STREET ADDRESS	145 HUNTER DRIVE
5.4 CITY - ST - ZIP	WILMINGTON OH
6.1 TITLE	S
6.2 NAME	DEFOREST, STEPHEN E.
6.3 STREET ADDRESS	1001 4TH AVE. PL. S.4400
6.4 CITY - ST - ZIP	SEATTLE WA

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	
1.2 NAME	1100001482051
1.3 STREET ADDRESS	-05/10/95--01013--010
1.4 CITY - ST - ZIP	***200.00 ***200.00
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 118.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that I have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Andrea McClain* 4/27/95 618-382-5694
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Andrea D. McClain
 Controller