

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P21439 (5)**

1. Corporation Name
ABX AIR, INC.



Principal Place of Business: **145 HUNTER DR WILMINGTON OH 45177**
Mailing Address: **145 HUNTER DR WILMINGTON OH 45177**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/25/1988	3a. Date of Last Report 05/01/1995
21	22	26	27	4. FEI Number 91-1091619	Applied For Not Applicable
23		28		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
25		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		85

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONAWAY CARL	1.2 NAME	
STREET ADDRESS	14598 NC 58TH STREET	1.3 STREET ADDRESS	
CITY- ST- ZIP	BELLEVUE WA	1.4 CITY- ST- ZIP	
TITLE	C <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLAIN, ANDREA D.	2.2 NAME	
STREET ADDRESS	145 HUNTER DRIVE	2.3 STREET ADDRESS	
CITY- ST- ZIP	WILMINGTON OH	2.4 CITY- ST- ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HETE, JOE	3.2 NAME	
STREET ADDRESS	145 HUNTER DRIVE	3.3 STREET ADDRESS	
CITY- ST- ZIP	WILMINGTON OH	3.4 CITY- ST- ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHERZ, TERRY	4.2 NAME	
STREET ADDRESS	145 HUNTER DRIVE	4.3 STREET ADDRESS	
CITY- ST- ZIP	WILMINGTON OH	4.4 CITY- ST- ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGENFELD, ROBERT	5.2 NAME	
STREET ADDRESS	145 HUNTER DRIVE	5.3 STREET ADDRESS	
CITY- ST- ZIP	WILMINGTON OH	5.4 CITY- ST- ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEFOREST, STEPHEN E.	6.2 NAME	
STREET ADDRESS	1001 4TH AVE. PL. S.4400	6.3 STREET ADDRESS	
CITY- ST- ZIP	SEATTLE WA	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 119.07(3)(k) Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Andrea McClain*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)