

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

0817221 AT

04-21-2002 90939 001 ***300.00

DOCUMENT # P21439

1. Entity Name
ABX AIR, INC.

Principal Place of Business

**145 HUNTER DR
 WILMINGTON OH 45177**

Mailing Address

**P.O. BOX 662 ATTN : TAX
 SEATTLE WA 98111-0662**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

91-1091619

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.

**1201-HAYS-STREET
 SUITE 105
 TALLAHASSEE FL 32301**

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Delete
NAME	POYNTER, THOMAS	
STREET ADDRESS	145 HUNTER DRIVE	
CITY-ST-ZIP	WILMINGTON OH 45177	
TITLE	C	<input type="checkbox"/> Delete
NAME	MCCLAIN, ANDREA D.	
STREET ADDRESS	145 HUNTER DRIVE	
CITY-ST-ZIP	WILMINGTON OH	
TITLE	P	<input type="checkbox"/> Delete
NAME	HETE, JOE	
STREET ADDRESS	145 HUNTER DRIVE	
CITY-ST-ZIP	WILMINGTON OH	
TITLE	V	<input type="checkbox"/> Delete
NAME	SCHERZ, TERRY	
STREET ADDRESS	145 HUNTER DRIVE	
CITY-ST-ZIP	WILMINGTON OH	
TITLE	V	<input type="checkbox"/> Delete
NAME	MORGENFELD, ROBERT	
STREET ADDRESS	145 HUNTER DRIVE	
CITY-ST-ZIP	WILMINGTON OH	
TITLE	CS	<input type="checkbox"/> Delete
NAME	PAYNE, JOSEPH	
STREET ADDRESS	145 HUNTER DR	
CITY-ST-ZIP	WILMINGTON OH 45177	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

4-8-2002 206-830-4600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)