


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P21439</b>	
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
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04132006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 91-1091619	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
 1201 HAYS STREET  
 SUITE 105  
 TALLAHASSEE, FL 32301

**DO NOT WRITE IN THIS SPACE**

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 \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HETE, JOSEPH C 145 HUNTER DRIVE WILMINGTON, OH 45177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP MANIBUSAN, DENNIS A 145 HUNTER DRIVE WILMINGTON, OH 45177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP MORGENFELD, ROBERT J 145 HUNTER DRIVE WILMINGTON, OH 45177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS PAYNE, W. JOSEPH 145 HUNTER DRIVE WILMINGTON, OH 45177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP POYNTER, THOMAS W 145 HUNTER DRIVE WILMINGTON, OH 45177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO TURNER, QUINT O 145 HUNTER DR WILMINGTON, OH 45177

**DO NOT WRITE IN THIS SPACE**

UDD000526428  
 05/04/05-80074-009 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Quint O. Turner 4-13-06 937-382-5591  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #