

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F00000002875

**FILED**  
**Jan 23, 2013**  
**Secretary of State**  
**CC5831523494**

**Entity Name:** FEDEX CORPORATE SERVICES, INC.

**Current Principal Place of Business:**

942 SOUTH SHADY GROVE ROAD  
MEMPHIS, TN 38120

**Current Mailing Address:**

942 SOUTH SHADY GROVE ROAD  
C/O ROBERT T. MOLINET  
MEMPHIS, TN 38120

**FEI Number:** 62-1808017

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DCPC  
Name GLENN, T.MICHAEL  
Address 942 SOUTH SHADY GROVE ROAD  
City-State-Zip: MEMPHIS TN 38120

Title DEVP  
Name COLLERAN, DONALD F  
Address 3610 HACKS CROSS RD  
City-State-Zip: MEMPHIS TN 38125

Title VCFO  
Name MCGOUGH, MARK A  
Address 942 SOUTH SHADY GROVE ROAD  
City-State-Zip: MEMPHIS TN 38120

Title S  
Name MOLINET, ROBERT T  
Address 942 SOUTH SHADY GROVE ROAD  
City-State-Zip: MEMPHIS TN 38120

Title D  
Name CARTER, ROBERT B  
Address 942 SOUTH SHADY GROVE ROAD  
City-State-Zip: MEMPHIS TN 38120

Title ASSISTANT TREASURER  
Name MERINO, JOHN L.  
Address 942 SOUTH SHADY GROVE ROAD  
City-State-Zip: MEMPHIS TN 38120

Title DIRECTOR  
Name BRONCZEK, DAVID J.  
Address 3610 HACKS CROSS ROAD  
City-State-Zip: MEMPHIS TN 38125

Title DIRECTOR  
Name GRAF, ALAN B. JR.  
Address 942 SOUTH SHADY GROVE ROAD  
City-State-Zip: MEMPHIS TN 38120

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: ROBERT T. MOLINET**

**SECRETARY**

**01/23/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name LOGUE, WILLIAM J.  
Address 1715 AARON BRENNER DRIVE  
SUITE 600  
City-State-Zip: MEMPHIS TN 38120

Title DIRECTOR  
Name RICHARDS, CHRISTINE P.  
Address 942 SOUTH SHADY GROVE ROAD  
City-State-Zip: MEMPHIS TN 38120

Title DIRECTOR  
Name REBHOLZ, DAVID F.  
Address 1000 FEDEX DRIVE  
City-State-Zip: MOON TOWNSHIP PA 15108

Title DIRECTOR  
Name SMITH, FREDERICK W.  
Address 942 SOUTH SHADY GROVE ROAD  
City-State-Zip: MEMPHIS TN 38120