

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 809600

1. Entity Name

AIR EXPRESS INTERNATIONAL AGENCY, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90111 038 ***150.00

Principal Place of Business

Mailing Address

120 TOKENEKE RD
P O BOX 1231
DARIEN CT 06820

120 TOKENEKE RD
P O BOX 1231
DARIEN CT 06820-1231

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

11-2160768

Applied For

Not Applicable

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

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

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

Signature, typed or printed name of registered agent and title if applicable.

(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, 2000 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	P	<input type="checkbox"/> Delete
NAME	ROHRMANN, GUENTER	
STREET ADDRESS	120 TOKENEKE RD	
CITY-ST-ZIP	DARIEN CT	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DOLAN, DENNIS M.	
STREET ADDRESS	120 TOKENEKE RD	
CITY-ST-ZIP	DARIEN CT	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCDONNELL, MARTIN J	
STREET ADDRESS	120-TOKENEKE ROAD	
CITY-ST-ZIP	DARIEN CT 06820	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCCAULEY, DANIEL J.	
STREET ADDRESS	120 TOKENEKE RD.	
CITY-ST-ZIP	DARIEN CT	
TITLE	T	<input type="checkbox"/> Delete
NAME	GALLAGHER, PAUL J	
STREET ADDRESS	120 TOKENEKE ROAD	
CITY-ST-ZIP	DARIEN CT	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	
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	
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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL J. MCCAULEY

Secretary

Date

Daytime Phone #

4/24/00 (203) 655-7900