2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2001 8:00 am Secretary of State **DOCUMENT #809600** 1. Entity Name AIR EXPRESS INTERNATIONAL AGENCY, INC. 05-02-2001 90073 015 ***150.00 Principal Place of Business Mailing Address 120 TOKENEKE RD 120 TOKENEKE RD P O BOX 1231 P O BOX 1231 B0044015 DARIEN CT 06820 DARIEN CT 06820 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 11-2160768 Not Applicable \$8.75 Additional Fee Required Zip Country Country -5. Certificate of Status Desired - - - -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change **X** Addition President Delete TITLE TITLE Hans Toggweiler ROHRMANN, GUENTER NAME NAME 120 Tokeneke Road STREET ADDRESS 120 TOKENEKE RD STREET ADDRESS CITY-ST-ZIP Darien CT 06820 CITY-ST-ZIP DARIEN CT Addition TITLE vice President Change Ŋ 🔀 Delete TITLE NAME DOLAN, DENNIS M. Brian E. Lindholm NAME STREET ADDRESS 120 TOKENEKE RD 120 TOKENEKE ROad STREET ADDRESS CITY-ST-ZIP DARIEN CT CITY-ST-ZIP Danièn, Change Addition TITLE TITLE Delete MCDONNELL, MARTIN J NAME NAME STREET ADDRESS 120 TOKENEKE ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DARIEN CT 06820 Change ☐ Addition ☐ Delete TITLE TITLE MCCAULEY, DANIEL J. NAME NAME 120 TOKENEKE RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Darien CT Change ☐ Addition ☐ Delete TITLE TITLE GALLAGHER, PAUL J NAME NAME STREET ADDRESS STREET ADDRESS 120 TOKENEKE ROAD CITY-ST-ZIP CITY-ST-7IP Darien CT ☐ Change ☐ Addition TITLE Delete TITLE NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.