

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 819816 (0)

1. Corporation Name

UNITED PARCEL SERVICE, INC.



Principal Place of Business

Mailing Address

55 GLENLAKE PKWY NE
ATLANTA GA 30328
US

55 GLENLAKE PKWY NE
ATLANTA GA 30328
US

3. Date Incorporated or Qualified

08/15/1966

3a. Date of Last Report

04/28/1995

2. Principal Place of Business

2a. Mailing Address

21 55 GLENLAKE PARKWAY, NE.,
Suite, Apt. #, etc.

26 55 GLENLAKE PARKWAY, NE.,
Suite, Apt. #, etc.

22 City & State

27 City & State

23 ATLANTA, GA

28 ATLANTA, GA

24 30328 25 US

29 30328 30 US

4. FEI Number

36-2407381

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	NELSON, KENT C	
STREET ADDRESS	55 GLENLAKE PKWY NE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	VSDQ	<input type="checkbox"/> DELETE
NAME	MODEROW, JOSEPH R	
STREET ADDRESS	55 GLENLAKE PKWY NE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	VTP	<input type="checkbox"/> DELETE
NAME	CLANIN, ROBERT J	
STREET ADDRESS	55 GLENLAKE PKWY NE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	AST	<input checked="" type="checkbox"/> DELETE
NAME	WOJTOWICZ, DONALD J	
STREET ADDRESS	55 GLENLAKE PKWY NE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	ARGETA, MAURICE	
STREET ADDRESS	55 GLENLAKE PKWY NE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	PICA, EUGENE A	
STREET ADDRESS	55 GLENLAKE PKY ME	
CITY-ST-ZIP	ATLANTA GA	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	AST
4.3 STREET ADDRESS	LINDA M. MACLEAN
4.4 CITY-ST-ZIP	55 GLENLAKE PARKWAY, NE., ATLANTA, GA 30328
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

EUGENE A. PICA

4-24-96

404 - 828-4519

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)