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FILED
Feb 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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: **55 GLENLAKE PARKWAY, NE ATLANTA GA 30328 US**
 Mailing Address: **55 GLENLAKE PKWY NE ATLANTA GA 30328-3474 US**

3. Date Incorporated or Qualified: **08/15/1966**
 3a. Date of Last Report: **04/29/1996**
 4. FEI Number: **36-2407381**
 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

2. Principal Place of Business: **21 55 Glenlake Parkway, NE**
 Suite, Apt. #, etc.
22 City & State: **Atlanta, GA**
23 Zip: **30328** Country: **25 US**
 2a. Mailing Address: **26 55 Glenlake Parkway, NE**
 Suite, Apt. #, etc.
27 City & State: **Atlanta, GA**
28 Zip: **30328** Country: **29 US**

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

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 type="checkbox"/> DELETE
NAME	MCLEAN, LINDA M.	
STREET ADDRESS	55 GLENLAKE PARKWAY, 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 NE	
CITY-ST-ZIP	ATLANTA GA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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* **Eugene A. Pica** **1/24/97** **(404)828-8330**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)