

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 # **821601** (2)

1. Corporation Name
UPS THRIFT PLAN CORPORATION



Principal Place of Business
**55 NE GLENLAKE PKWY
ATLANTA GA 30328
US**

Mailing Address
**55 NE GLENLAKE PKWY
ATLANTA GA 30328
US**

3. Date Incorporated or Qualified **06/28/1968** 3a. Date of Last Report **04/28/1995**

2. Principal Place of Business
21 **55 GLENLAKE PARKWAY, NE.,** 26 **55 GLENLAKE PARKWAY, NE.,**

4. FEI Number **13-6163091** Applied For Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 **ATLANTA, GA** 28 **ATLANTA, GA**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 **30328** 25 **US** 29 **30328** 30 **US**

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

**CT CORPORATION SYSTEM
1200 S. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable. IN TITLE Registered Agent Signature prepares when re-registering.

12. OFFICERS AND DIRECTORS		DELETED
TITLE	AT	<input type="checkbox"/>
NAME	AGRESTA, MAURICE M	
STREET ADDRESS	55 NE GLENLAKE PKWY	
CITY-ST-ZIP	ATLANTA GA	
TITLE	DS	<input type="checkbox"/>
NAME	MODEROW, JOSEPH R.	
STREET ADDRESS	55 NE GLENLAKE PKWY	
CITY-ST-ZIP	ATLANTA GA	
TITLE	DT	<input type="checkbox"/>
NAME	CLANIN, ROBERT J	
STREET ADDRESS	55 NE GLENLAKE PKWY	
CITY-ST-ZIP	ATLANTA GA	
TITLE	PD	<input type="checkbox"/>
NAME	NELSON, KENT C.	
STREET ADDRESS	55 NE GLENLAKE PKWY	
CITY-ST-ZIP	ATLANTA GA	
TITLE	VAS	<input type="checkbox"/>
NAME	TEETZ, MELVIN	
STREET ADDRESS	55 NE GLENLAKE PKWY	
CITY-ST-ZIP	ATLANTA GA	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
12 NAME			
13 STREET ADDRESS			
14 CITY-ST-ZIP			
21 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
64 CITY-ST-ZIP			

14. I do hereby certify that the information submitted 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 in 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 as changed, or on an attachment with an address.

SIGNATURE: **MAURICE M. AGRESTA** 404 - 828 - 4519
Signature and typed or printed name of signing officer or director. Daytime Phone #

CR2E034 (12/95)