

821882

Florida Department of State
Division of Corporations
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From: Account Name : C T CORPORATION SYSTEM
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE

AIRBORNE EXPRESS, INC.

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED
AGENT OR BOTH FOR CORPORATIONS**

*Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
this statement of change is submitted for a corporation organized under the laws of the State of
Delaware in order to change its registered office or registered agent, or both, in the State
of Florida.*

1. The name of the corporation: Airborne Express, Inc.
2. The principal office address: P.O. Box 662, Seattle, WA 98111

3. The mailing address (if different): c/o DHL Worldwide Express, Inc., 1200 South Pine Island
Road, Suite 600, (Legal Dept.), Plantation, FL 33324

4. Date of incorporation/qualification: 09/26/1968 Document number: 821882

5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

The Prentice-Hall Corporation System, Inc.

1201 Hays Street

Tallahassee, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if
changed):

C T Corporation System

c/o C T Corporation System

(P.O. Box or personal mailbox NOT acceptable)

1200 South Pine Island Road, Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered
agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.

(Signature of officer, chairman or vice chairman of the board)

(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity.
I further agree to comply with the provisions of all statutes relative to the proper and complete
performance of my duties, and I am familiar with and accept the obligation of my position as
registered agent. Or, if this document is being filed merely to reflect a change in the registered
office address, I hereby confirm that the corporation has been notified in writing of this change.*

C T Corporation System

By: _____

(Signature of Registered Agent)

(Date)

If signing on behalf of an entity: **PETER F. SOUZA**
ASSISTANT SECRETARY

(Typed or Printed Name)

(Capacity)

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MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314