FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 28 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **850703** **(0)**

1. Corporation Name

UPS TRUCK LEASING, INC.

Principal Place of Business	Mailing Address
400 PERIMETER CENTER TERRACES NORTH P.O. BOX 88259 ATLANTA GA 30356	400 PERIMETER CENTER TERRACES NORTH P.O. BOX 88259 ATLANTA GA 30356

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/14/1981

3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 55 Glenlake Pkwy, NE
22: Suite, Apt. #, etc.
23: City & State: Atlanta, GA
24: Zip: 30328
25: Country: US

2a. Mailing Address
26: 55 Glenlake Pkway, NE
27: Suite, Apt. #, etc.
28: City & State: Atlanta, GA
29: Zip: 30328
30: Country: US

4. FEI Number: 06-1048294 ☐ 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

CT CORPORATION SYSTEM
1200 S. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	AT	11 TITLE		☒ Change ☐ Addition
NAME	PICA, EUGENE	12 NAME		
STREET ADDRESS	400 PERIMETER CTR TER NO	13 STREET ADDRESS	55 Glenlake Parkway, NE	
CITY-ST-ZIP	ATLANTA GA	14 CITY-ST-ZIP	Atlanta, GA 30328	
TITLE	VD	21 TITLE		☒ Change ☐ Addition
NAME	SCHAFFER, CHARLES L	22 NAME		
STREET ADDRESS	400 PERIMETER CTR TER NO	23 STREET ADDRESS	55 Glenlake Pkway, NE	
CITY-ST-ZIP	ATLANTA GA	24 CITY-ST-ZIP	Atlanta, GA 30328	
TITLE	CD	31 TITLE		☒ Change ☐ Addition
NAME	NELSON, KENT C	32 NAME		
STREET ADDRESS	400 PERIMETER CTR TER NO	33 STREET ADDRESS	55 Glenlake Parkway, NE	
CITY-ST-ZIP	ATLANTA GA	34 CITY-ST-ZIP	Atlanta, GA 30328	
TITLE	SV	41 TITLE	VST	☒ Change ☐ Addition
NAME	MODEROW, JOSEPH R.	42 NAME		
STREET ADDRESS	400 PERIMETER CTR TER NO	43 STREET ADDRESS	55 Glenlake Pkwy, NE	
CITY-ST-ZIP	ATLANTA GA	44 CITY-ST-ZIP	Atlanta, GA 30328	
TITLE	TD	51 TITLE	DVTs	☒ Change ☐ Addition
NAME	JACOBY, EDWIN A.	52 NAME	Clanin, Robert, J.	
STREET ADDRESS	400 PERIMETER CTR TER NO	53 STREET ADDRESS	55 Glenlake Pkwy, NE	
CITY-ST-ZIP	ATLANTA GA	54 CITY-ST-ZIP	Atlanta, GA 30328	
TITLE	ATS	61 TITLE		☒ Change ☐ Addition
NAME	AGRESTA, MAURICE M	62 NAME		
STREET ADDRESS	400 PERIMETER CTR TER NO	63 STREET ADDRESS	55 Glenlake Pkwy, NE	
CITY-ST-ZIP	ATLANTA GA	64 CITY-ST-ZIP	Atlanta, GA 30328	

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)(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 5/24/95 (404) 828-7237
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0390940 FP