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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 850703 (0)

1. Corporation Name

UPS TRUCK LEASING, INC.

Principal Place of Business

Mailing Address

55 GLENLAKE PKWY NE
P.O. BOX 88259
ATLANTA GA 30328
US

55 GLENLAKE PKWY
P.O. BOX 88259
ATLANTA GA 30328
US



2. Principal Place of Business

2a. Mailing Address

21 55 GLENLAKE PARKWAY, NE.,

26 55 GLENLAKE PARKWAY, NE.,

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 ATLANTA, GA

28 ATLANTA, GA

Zip

Country

Zip

Country

24 30328

25 US

29 30328

30 US

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

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 AT ☐ DELETE

NAME PICA, EUGENE
STREET ADDRESS 55 GLENLAKE PKWY NE
CITY-ST-ZIP ATLANTA GA

TITLE VD ☒ DELETE

NAME SCHAFER, CHARLES L
STREET ADDRESS 55 GLENLAKE PKWY NE
CITY-ST-ZIP ATLANTA GA

TITLE CD ☐ DELETE

NAME NELSON, KENT C
STREET ADDRESS 55 GLENLAKE PKWY NE
CITY-ST-ZIP ATLANTA GA

TITLE VST ☐ DELETE

NAME MODEROW, JOSEPH R
STREET ADDRESS 55 GLENLAKE PKWY NE
CITY-ST-ZIP ATLANTA GA

TITLE VDT ☐ DELETE

NAME CLANNIN, ROBERT J
STREET ADDRESS 55 GLENLAKE PKWY NE
CITY-ST-ZIP ATLANTA GA

TITLE ATS ☐ DELETE

NAME AGRESTA, MAURICE M
STREET ADDRESS 55 GLENLAKE PKWY NE
CITY-ST-ZIP ATLANTA GA

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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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

Date

404 - 828-4519

Daytime Phone

CR2E034 (12/95)