

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90001 049 ***150.00

DOCUMENT # 850703

1. Corporation Name
UPS TRUCK LEASING, INC.

Principal Place of Business

55 GLENLAKE PARKWAY NE
ATLANTA GA 30328
US

Mailing Address

55 GLENLAKE PARKWAY NE
ATLANTA GA 30328
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/14/1981

4. FEI Number

06-1046294

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE AT ☐ DELETE

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

TITLE CD ☐ DELETE

NAME ALDEN, JOHN W.
STREET ADDRESS 55 GLENLAKE PARKWAY, NE
CITY-ST-ZIP ATLANTA GA 30328

TITLE PD ☒ DELETE

NAME THURSTON, RAY
STREET ADDRESS 990 HAMMOND DRIVE NE
CITY-ST-ZIP ATLANTA GA 30328

TITLE VST ☒ DELETE

NAME THOMPSON, JAMES
STREET ADDRESS 990 HAMMOND DRIVE NE
CITY-ST-ZIP ATLANTA GA 30328

TITLE D ☐ DELETE

NAME FREDO, PETER
STREET ADDRESS 990 HAMMOND DRIVE NE
CITY-ST-ZIP ATLANTA GA 30328

TITLE ATS ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE AT/AS ☒ Change ☐ Addition

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

AT/AS

AT/AS

AT/AS

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14. I 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, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED

Eugene A. Pica 4/19/99 (404) 828-609

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (11/98)