

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

FILED
Feb 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **851369** (9)
1. Corporation Name
DHL AIRWAYS, INC.

Principal Place of Business
**333 TWIN DOLPHIN DRIVE
REDWOOD CITY CA 94065**

Mailing Address
**ATTENTION: ASSISTANT SECRETARY
333 TWIN DOLPHIN DR.
REDWOOD CITY CA 94065
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/22/1981	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 99-0187465		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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

Signature, typed or printed name of registered Agent and date of application

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12.	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	VSD	ORME, JED T. JR.	333 TWIN DOLPHIN DR	REDWOOD CITY CA	<input type="checkbox"/>
	PD	FOLEY, J. PATRICK	333 TWIN DOLPHIN DR	REDWOOD CITY CA	<input type="checkbox"/>
	DV	GUINASSO, VICTOR A.	333 TWIN DOLPHIN DR.	REDWOOD CITY CA	<input type="checkbox"/>
	DV	WALLER, STEPHEN L.	333 TWIN DOLPHIN DR	REDWOOD CITY CA	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
1.1					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.1					<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1					<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.1					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.1					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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; that I am 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 my address.

SIGNATURE

Jon E. Olin, Asst. Corp. Sec. 2/10/98

(650) 802-4795

CR2E034 (10/97)