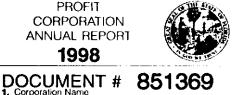
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

DHL AIRWAYS, INC.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(9)

FILED Feb 23 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address 333 TWIN DOLPHIN DRIVE ATTENTION: ASSISTANT SECRETARY REDWOOD CITY CA 94065 333 TWIN DOLPHIN DR. REDWOOD CITY CA 94065 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/22/1981 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 99-0187465 21 26 Not Applicable Suite Ant # etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** City 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 farmiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 11 DILE ORME, JED T. JR. NAME 1.2 NAME 333 TWIN DOLPHIN DR STREET ADDRESS 1.3 STREET ADDRESS REDWOOD CITY CA CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE TITLE Addition 2.1 TITLE C,D FOLEY, J. PATRICK NAME 2.2 NAME 333 TWIN DOLPHIN DR STREET ADDRESS 2.3 STREET ADDRESS **REDWOOD CITY CA** CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE **Change** TITLE 3.1 TITLE Addition P,D**GUINASSO, VICTOR A.** NAME 3.2 NAME 333 TWIN DOLPHIN DR. STREET ADDRESS 3.3 STREET ADORESS **REDWOOD CITY CA** CITY-ST-ZIP 34. CITY-ST-ZIP DELETE TITLE 41 TITLE Change Addition WALLER, STEPHEN L. NAME 4. 2 NAME 333 TWIN DOLPHIN DR STREET ADDRESS 4.3 STREET ADDRESS **REDWOOD CITY CA** CRY-ST-7/P 4.4 CITY-ST-ZIP DELETE 5.1 TiTLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY ST ZIP 64 CITY-ST-ZIP

■ 64CHY-51-2P |

Indicate with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information mental 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 ine receiver or trustee employared to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in attachment with an addition.

■ 802-4795 14. I hereby certify that the indicated on this annual officer or director of the Block 12 or Block 13 if g

Jon E. Olin, Asst. Corp. Sec. 2/10/90