

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
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90065 005 ***150.00

DOCUMENT # 856746

1. Corporation Name

TNT SKYPAC INC. TNT USA Inc. (f/k/a TNT Skypak Inc.)



Principal Place of Business

Mailing Address

990 STEWART AVE
GARDEN CITY NY 11530

990 STEWART AVE
GARDEN CITY NY 11530

200 Garden City Plaza
Garden City, NY 11530

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/13/1983

4. FEI Number

13-2906902

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
STE. 105
TALLAHASSEE FL 32301

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 VTD ☐ DELETE
NAME GUNTON, MARK
STREET ADDRESS 990 STEWART AVE.
CITY-ST-ZIP GARDEN CITY NY

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 200 Garden City Plaza
1.4 CITY-ST-ZIP Garden City, NY 11530

TITLE PD ☐ DELETE
NAME CLAUDE-NOEL, JEAN
STREET ADDRESS 3 PARK AVE SOUTH
CITY-ST-ZIP NEW YORK NY 10016

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 200 Garden City Plaza
2.4 CITY-ST-ZIP Garden City, NY 11530

TITLE VD ☐ DELETE
NAME SIEGFRIED, DAVID
STREET ADDRESS 990 STEWART AVE.
CITY-ST-ZIP GARDEN CITY NY

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 200 Garden City Plaza
3.4 CITY-ST-ZIP Garden City, NY 11530

TITLE VS ☐ DELETE
NAME LAPONTE, MARY CONWAY
STREET ADDRESS 990 STEWART AVE.
CITY-ST-ZIP GARDEN CITY NY

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 200 Garden City Plaza
4.4 CITY-ST-ZIP Garden City, NY 11530

TITLE D ☐ DELETE
NAME Theo Jongsma
STREET ADDRESS Paasheuvelweg 6, 1105 BH
CITY-ST-ZIP Amsterdam, The Netherlands

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Mary Conway La Ponte
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29, 1999 516-535-1000

Date

Daytime Phone #

CR2E034 (11/98)