FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91322 023 ***158.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 856746

1. Entity Name

TNT USA INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
200 Garden City Plaza	200 Garden City Plaza
Suite, Apt. #, etc.: Suite 400	Suite, Apt. #, etc.: Suite 400
City & State: Garden City, NY	City & State: Garden City, NY
Zip: 11530 Country: USA	Zip: 11530 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 13-2906902 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Prentice-Hall Corporation System, Inc.

Street Address (P.O. Box Number is Not Acceptable): 1201 Hayes St.

Suite 105

City: Tallahassee FL Zip Code: 32301

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD
NAME	Brabers. Jeroen
STREET ADDRESS	Neptunusstraat 41-63
CITY-ST-ZIP	~~Hoofddorp, The Netherlands~~
TITLE	VTD
NAME	Gunton, Mark
STREET ADDRESS	200 Garden City Plaza
CITY-ST-ZIP	Garden City, NY 11530
TITLE	VS
NAME	Mary Conway LaPonte
STREET ADDRESS	200 Garden City Plaza
CITY-ST-ZIP	Garden City, NY 11530
TITLE	VD
NAME	Douglas C. Watson
STREET ADDRESS	200 Garden City Plaza
CITY-ST-ZIP	Garden City, NY 11530
TITLE	
NAME	
STREET ADDRESS	
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CR2E034B (12/01)

13. 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 report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary Conway LaPonte April 29, 2002 516-535-1346

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MARY CONWAY LAPONTE