

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000001595

FILED
Jan 05, 2004
Secretary of State

Entity Name: CON-WAY AIR EXPRESS, INC.

Current Principal Place of Business:

C/O CNF INC.
3240 HILLVIEW AVENUE
PALO ALTO, CA 94304

New Principal Place of Business:

Current Mailing Address:

C/O CNF INC.
3240 HILLVIEW AVENUE
PALO ALTO, CA 94304

New Mailing Address:

FEI Number: 91-2088205 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: QUESNEL, GREGORY N
Address: 3240 HILLVIEW AVE.
City-St-Zip: PALO ALTO, CA 94304

Title: V () Delete
Name: BAUDE, GARY P
Address: 277 SOUTHFIELD PARKWAY, SUITE 125
City-St-Zip: FOREST PARK, GA 30297

Title: S () Delete
Name: SCHMOLLER, EBERHARD G.H.
Address: 3240 HILLVIEW AVENUE
City-St-Zip: PALO ALTO, CA 94304

Title: T () Delete
Name: THICKPENNY, MARK . C
Address: 3240 HILLVIEW AVENUE
City-St-Zip: PALO ALTO, CA 94304

Title: D () Delete
Name: DETTER, GERALD L
Address: 110 PARKLAND PLAZA
City-St-Zip: ANN ARBOR, MI 48103

Title: D () Delete
Name: RATNATHICAM, CHUTTA
Address: 3240 HILLVIEW AVENUE
City-St-Zip: PALO ALTO, CA 94304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: BAUDE, GARY P
Address: 277 SOUTHFIELD PARKWAY, SUITE 125
City-St-Zip: FOREST PARK, GA 30297

Title: SD (X) Change () Addition
Name: SCHMOLLER, EBERHARD G.H.
Address: 3240 HILLVIEW AVENUE
City-St-Zip: PALO ALTO, CA 94304

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EBERHARD G.H. SCHMOLLER

S

01/05/2004

Electronic Signature of Signing Officer or Director

_____ Date