FILED Feb 14, 2002 8:00 am

2002 UNIFORM	BUSINESS	REPORT	(UBR
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DOCUMENT # F01000003241 **Secretary of State** 1. Entity Name 02-14-2002 90106 041 ***150.00 DHL GLOBAL CUSTOMER LOGISTICS, INC. Principal Place of Business Mailing Address 50 CALIFORNIA STREET. SUITE 500 50 CALIFORNIA STREET, SUITE 500 SAN FRANCISCO CA 94111 SAN FRANCISCO CA 94111 3. Mailing Address
50 California 2. Principal Place of Business 50 California Suite Apt. #. etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE San Francisco City & Strate
On Francisco 4. FEI Number Applied For 94-3391259 Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS(\$150.00) 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE Director ☐ Change Addition CR2E034 (9/01 TITLE ☐ Delete Charles menknorst NAME CROOK, ROGER MAME 50 California St 4500 50 CALIFORNIA STREET, SUITE 500 STREET ADDRESS STREET ADDRESS San Francisco, CA SAN FRANCISCO CA 94111 CITY-ST-ZIP CITY-ST-ZIP Director ☐ Delete ☐ Change **■**Addition TITLE TITI F Don Stevens NAME SENN, NINA NAME California St. #500 50 CALIFORNIA STREET, SUITE 500 STREET ADDRESS STREET ADDRESS San Francisco CA 94111 CITY-ST-ZIP SAN FRANCISCO CA 94111 CITY-ST-7iP TITLE **DCFO** Delete TITLE Change ☐ Addition NAME SMARTT, WILLIAM NAME STREET ADDRESS STREET ADDRESS 50 CALIFORNIA STREET, SUITE 500 CITY-ST-ZIP CITY-ST-7IP SAN FRANCISCO CA 94111 TITLE Change ☐ Addition TITLE Delete NAME ORME. JED JR. NAME 50 CALIFORNIA STREET, SUITE 500 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP SAN FRANCISCO CA 94111 ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 eath; that I am an officer or director of the corporation or the received or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachmen

SIGNATURE: