

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2004 8:00 am
Secretary of State

01-28-2004 90010 005 ***150.00

DOCUMENT # F02000001448
1. Entity Name
UPS EXPEDITED MAIL SERVICES, INC.



Principal Place of Business
55 GLENLAKE PARKWAY, NE
ATLANTA, GA 30328

Mailing Address
55 GLENLAKE PARKWAY, NE
ATLANTA, GA 30328

DO NOT WRITE IN THIS SPACE

94005635



01162004 No Chg-P CR2E034 (10/03)

4. FEI Number 58-2613248	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
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
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD ESKEW, MICHAEL L 55 GLENLAKE PARKWAY, NE ATLANTA, GA 30328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD SCOTT, DAVIS D 55 GLENLAKE PARKWAY, NE ATLANTA, GA 30328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MODEROW, JOSEPH R 55 GLENLAKE PARKWAY, NE ATLANTA, GA 30328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NELSON, FRANS D 55 GLENLAKE PARKWAY, NE ATLANTA, GA 30328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CARUSO, PATRICK S 1945 BURGUNDY PLACE ONTARIO, CA 91761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATAS PICA, EUGENE A 55 GLENLAKE PARKWAY, NE ATLANTA, GA 30328

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **1-21-04** **(404) 828-6307**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #