2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   F02000001706

1. Entity Name
DHL INFORMATION SERVICES (AMERICAS), INC.

Principal Place of Business	Mailing Address
C/O DHL REGIONAL SERVICES INC.	C/O DHL REGIONAL SERVICES INC.
8100 S.W. 10TH STREET. SUITE 4000	8100 S.W. 10TH STREET. SUITE 4000
PLANTATION FL 33324	PLANTATION FL 33324

2. Principal Place of Business
8701 E. HARTFORD DR
Suite, Apt. #, etc.

3. Mailing Address
8701 E. HARTFORD DR.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
SCOTTSDALE AZ
Zip 85255   Country US

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4. FEI Number   94-2769187   ☐ Applied For   ☐ Not Applicable

5. Certificate of Status Desired ☐   **$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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City   **FL**   Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

	10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PCD	☐ Delete	TITLE	DIRECTOR ☒ Change ☐ Addition
NAME	HANLOCK, LEONARD J		NAME	HANLOCK, LEONARD J.
STREET ADDRESS	700 AIRPORT BLVD., SUITE 300		STREET ADDRESS	700 AIRPORT BLVD
CITY-ST-ZIP	BURLINGAME CA 94010		CITY-ST-ZIP	BURLINGAME CA 94010
TITLE	S	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	PHILLIPS, MARGARET C		NAME	
STREET ADDRESS	700 AIRPORT BLVD., SUITE 300		STREET ADDRESS	50 CALIFORNIA ST, STE 500
CITY-ST-ZIP	BURLINGAME CA 94010		CITY-ST-ZIP	San Francisco CA 94111
TITLE	T	☒ Delete	TITLE	TREASURER ☒ Change ☒ Addition
NAME	O'KEEFE, SHAWN		NAME	WILLIAM J. ROURE
STREET ADDRESS	700 AIRPORT BLVD., SUITE 300		STREET ADDRESS	50 CALIFORNIA ST, STE 500
CITY-ST-ZIP	BURLINGAME CA 94010		CITY-ST-ZIP	San Francisco CA 94111
TITLE	D	☒ Delete	TITLE	PRESIDENT, DIRECTOR ☐ Change ☒ Addition
NAME	PARKER, ROBERT W		NAME	STEVEN J. Bandrowczak
STREET ADDRESS	DE KLEETLAAN 1, DIEGEM		STREET ADDRESS	8701 E. Hartford Dr.
CITY-ST-ZIP	MACHELIN, 1831, BELGIUM		CITY-ST-ZIP	Scottsdale AZ 85255
TITLE	D	☒ Delete	TITLE	☐ Change ☐ Addition
NAME	LONGLEY, CHARLES		NAME	
STREET ADDRESS	23/F SHUI ON CENTRE, 6-8 HARBOUR ROAD		STREET ADDRESS	
CITY-ST-ZIP	WANCHAI, HONG KONG		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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.

(415) 677-6100

SIGNATURE: _____ WILLIAM J. ROURE, TREASURER 2/14/03

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