

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90570 024 \*\*\*150.00

**DOCUMENT # F02000001851**

1. Entity Name  
**FEDEX FREIGHT SYSTEM, INC.**



Principal Place of Business  
**2200 FORWARD DRIVE  
HARRISON, AR 72602**

Mailing Address  
**2200 FORWARD DRIVE  
HARRISON, AR 72602**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04212004 Chg-P CR2E034 (10/03)

4. FEI Number  
**94-3416699**

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, 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	PCEO DUNCAN, DOUGLAS G	<input type="checkbox"/> Delete
STREET ADDRESS	6075 POPLAR AVENUE	
CITY-ST-ZIP	MEMPHIS, TN 38119	
TITLE NAME	TCFO CONNER, FRANK L	<input type="checkbox"/> Delete
STREET ADDRESS	2200 FORWARD DRIVE	
CITY-ST-ZIP	HARRISON, AR 72602	
TITLE NAME	S RHEA, ROBERT H	<input type="checkbox"/> Delete
STREET ADDRESS	6075 POPLAR AVENUE	
CITY-ST-ZIP	MEMPHIS, TN 38119	
TITLE NAME	AS REEVES, KENNETH R	<input type="checkbox"/> Delete
STREET ADDRESS	2200 FORWARD DRIVE	
CITY-ST-ZIP	HARRISON, AR 72602	
TITLE NAME	AS KLANK, C. EDWARD III	<input type="checkbox"/> Delete
STREET ADDRESS	942 S. SHADY GROVE ROAD	
CITY-ST-ZIP	MEMPHIS, TN 38120	
TITLE NAME	AS VANDERVOORT, ADAM C	<input type="checkbox"/> Delete
STREET ADDRESS	942 S. SHADY GROVE ROAD	
CITY-ST-ZIP	MEMPHIS, TN 38120	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
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.

**SIGNATURE:**

*Frank Conner* **Frank Conner**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-21-4**

Date

**870-741-9000**

Daytime Phone #