

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90058 014 ***150.00

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1. Entity Name
FEDEX SMARTPOST, INC.



Principal Place of Business
**16555 WEST ROGERS
NEW BERLIN, WI 53151**

Mailing Address
**1000 FEDEX DRIVE
MOON TOWNSHIP, PA 15108**

DO NOT WRITE IN THIS SPACE



04092008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1417347

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**

**DO NOT WRITE
IN THIS SPACE**

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, 2008 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
**DCOB
REBHOLZ, DAVID F
1000 FEDEX DRIVE
MOON TOWNSHIP, PA 15108**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
STRANG, WARD B
16555 WEST ROGERS
NEW BERLIN, WI 53151**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VS
JOHNSON, CLIFFORD P
1000 FEDEX DRIVE
MOON TOWNSHIP, PA 15108**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
MILLS, ELIZABETH B
16555 WEST ROGERS
NEW BERLIN, WI 53151**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
WALLANDER, BARBARA B
16555 WEST ROGERS
NEW BERLIN, WI 53151**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
SMARTO, GRETCHEN G
1000 FEDEX DRIVE
MOON TOWNSHIP, PA 15108**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Elizabeth B Mills **Elizabeth B Mills**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/08

Date

262-796-6890

Daytime Phone #