
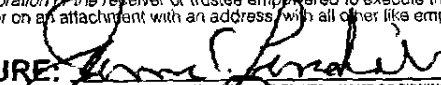


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000005965 1. Entity Name VELOCITY EXPRESS, INC.			
Principal Place of Business ONE MORNINGSIDE DRIVE NORTH WESTPORT, CT 06880		Mailing Address 620 OLSON MEMORIAL HIGHWAY MINNEAPOLIS, MN 55411	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		1100000479498 04/10/06-80007-004 150.00	
TITLE	CEO WASIK, VINCE STREET ADDRESS ONE MORNINGSIDE DRIVE, BLDG B CITY-ST-ZIP WESTPORT, CT 06880	DO NOT WRITE IN THIS SPACE	
TITLE	P HENDRICKSON, JEFFREY STREET ADDRESS ONE MORNINGSIDE DRIVE, BLDG B CITY-ST-ZIP WESTPORT, CT 06880		
TITLE	VS FREDENBURG, WESLEY C STREET ADDRESS 620 OLSON MEMORIAL HIGHWAY CITY-ST-ZIP MINNEAPOLIS, MN 55411		
TITLE	VAS LINDVALL, JAMES STREET ADDRESS 620 OLSON MEMORIAL HIGHWAY CITY-ST-ZIP MINNEAPOLIS, MN 55411		
TITLE	D PALUCH, ALEXANDER I STREET ADDRESS ONE MORNINGSIDE DRIVE, BLDG B CITY-ST-ZIP WESTPORT, CT 06880		
TITLE	D BROWN, JAMES G STREET ADDRESS 200 MADISON AVENUE CITY-ST-ZIP NEW YORK, NY 10016		
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:  James C. Lindvall		3/20/06 952-835-4687	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	