

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90416 019 ***150.00

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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

7803 Glenroy Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

200

City & State

City & State

Minneapolis, MN

Zip

Country

Zip

Country

55439

USA

1st MOORE

CR2E034 (10/06)

4. FEI Number 76-0424426

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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, 2007 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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CEOD
WASIK, VINCE
ONE MORNINGSIDE DRIVE, BLDG B
WESTPORT CT 06880 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
HENDRICKSON, JEFFREY
ONE MORNINGSIDE DRIVE, BLDG B
WESTPORT CT 06880 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VS
FREDENBURG, WESLEY C
620 OLSON MEMORIAL HIGHWAY
MINNEAPOLIS MN 55411 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VAS
LINDVALL, JAMES
620 OLSON MEMORIAL HIGHWAY
MINNEAPOLIS MN 55411 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
PALUCH, ALEXANDER I
ONE MORNINGSIDE DRIVE, BLDG B
WESTPORT CT 06880 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
BROWN, JAMES G
200 MADISON AVENUE
NEW YORK NY 10016 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CFO
Edward Stone
One morningside Dr., Bldg B
Westport, CT 06880 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition
7803 Glenroy Rd. Suite 200
Minneapolis, MN 55439

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James C Lindvall 4/16/07 952-835-4687