2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# F05000000323

Entity Name: DHL REGIONAL SERVICES, INC.

Current Principal Place of Business:

1200 SOUTH PINE ISLAND ROAD SUITE 600
PLANTATION, FL 33324

New Principal Place of Business:

1200 SOUTH PINE ISLAND ROAD
SUITE 600
PLANTATION, FL 33324

Current Mailing Address:

1200 SOUTH PINE ISLAND ROAD SUITE 600
PLANTATION, FL 33324

New Mailing Address:

1200 SOUTH PINE ISLAND ROAD
SUITE 600
PLANTATION, FL 33324

FEI Number: 65-0128611 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: COULTOLENC, RAFAEL
Address: 1200 SOUTH PINE ISLAND ROAD SUITE 600
City-St-Zip: PLANTATION, FL 33324

Title: DIR ( ) Delete
Name: OLIN, JON E
Address: 1200 SOUTH PINE ISLAND ROAD SUITE 600
City-St-Zip: PLANTATION, FL 33324

Title: TREA ( ) Delete
Name: WHITAKER, ROBERT
Address: 1200 SOUTH PINE ISLAND ROAD SUITE 600
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDIR (X) Change ( ) Addition
Name: COULTOLENC, RAFAEL
Address: 1200 SOUTH PINE ISLAND ROAD, SUITE 600
City-St-Zip: PLANTATION, FL 33324

Title: DIR (X) Change ( ) Addition
Name: OLIN, JON E
Address: 1200 SOUTH PINE ISLAND ROAD, SUITE 600
City-St-Zip: PLANTATION, FL 33324

Title: TRES (X) Change ( ) Addition
Name: WHITAKER, ROBERT
Address: 1200 SOUTH PINE ISLAND ROAD, SUITE 600
City-St-Zip: PLANTATION, FL 33324

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNE MEYER POA 03/19/2009

Electronic Signature of Signing Officer or Director — Date