

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000003642

FILED  
Jan 08, 2010  
Secretary of State

**Entity Name:** FEDEX CUSTOMER INFORMATION SERVICES, INC.

**Current Principal Place of Business:**

942 SOUTH SHADY GROVE RD.  
MEMPHIS, TN 38120

**New Principal Place of Business:**

**Current Mailing Address:**

942 SOUTH SHADY GROVE RD.  
MEMPHIS, TN 38120

**New Mailing Address:**

**FEI Number:** 83-0454289

**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:** PCEO  
**Name:** PAPPAS, CARY C  
**Address:** 3610 HACKS CROSS ROAD  
**City-St-Zip:** MEMPHIS, TN 38125

**Title:** CD  
**Name:** CARTER, ROBERT B  
**Address:** 942 SOUTH SHADY GROVE RD  
**City-St-Zip:** MEMPHIS, TN 38120

**Title:** S  
**Name:** MOLINET, ROBERT T  
**Address:** 942 SOUTH SHADY GROVE ROAD  
**City-St-Zip:** MEMPHIS, TN 38120

**Title:** D  
**Name:** GLENN, T. MICHAEL  
**Address:** 942 SOUTH SHADY GROVE ROAD  
**City-St-Zip:** MEMPHIS, TN 38120

**Title:** T  
**Name:** WILLIAMS, BURNETTA B  
**Address:** 942 SOUTH SHADY GROVE RD.  
**City-St-Zip:** MEMPHIS, TN 38120

**Title:** CFOV  
**Name:** HUDSON, JAMES S  
**Address:** 942 SOUTH SHADY GROVE RD.  
**City-St-Zip:** MEMPHIS, TN 38120

I hereby 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 all other like empowered.

**SIGNATURE:** ROBERT T. MOLINET

SEC

01/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date