

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005810

Entity Name: DHL SOLUTIONS (USA), INC.

FILED
Apr 26, 2012
Secretary of State

Current Principal Place of Business:

1210 SOUTH PINE ISLAND ROAD
1ST FL. LEGAL DEPT
PLANTATION, FL 33324

Current Mailing Address:

1210 SOUTH PINE ISLAND ROAD
1ST FL. LEGAL DEPT
PLANTATION, FL 33324

New Principal Place of Business:

1210 SOUTH PINE ISLAND ROAD
1ST FL. LEGAL DEPT
PLANTATION, FL 33324 US

New Mailing Address:

1210 SOUTH PINE ISLAND ROAD
1ST FL. LEGAL DEPT
PLANTATION, FL 33324 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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

OFFICERS AND DIRECTORS:

Title: PDIR
Name: DAMMAN, JIM PDIR
Address: 1210 S. PINE ISLAND RD.1ST FL. LEGAL DEPT
City-St-Zip: PLANTATION, FL 33324 US

Title: VPT
Name: WHITAKER, ROBERT VPT
Address: 1210 S. PINE ISLAND RD.1ST FL. LEGAL DEPT
City-St-Zip: PLANTATION, FL 33324 US

Title: SEC
Name: SIDOR, DAVID SEC
Address: 1210 S. PINE ISLAND RD.1ST FL. LEGAL DEPT
City-St-Zip: PLANTATION, FL 33324 US

Title: EVPD
Name: BLOUIN, MARC EVPD
Address: 1210 S. PINE ISLAND RD.1ST FL. LEGAL DEPT
City-St-Zip: PLANTATION, FL 33324 US

Title: DIR
Name: HOFACKER, SCOT DIR
Address: 1210 S. PINE ISLAND RD.1ST FL. LEGAL DEPT
City-St-Zip: PLANTATION, FL 33324 US

Title: CONT
Name: HOUSE, BRENT CONT
Address: 1210 S. PINE ISLAND RD.1ST FL. LEGAL DEPT
City-St-Zip: PLANTATION, FL 33324 US

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: KELLY LETTMANN

POA

04/26/2012

Electronic Signature of Signing Officer or Director

Date