


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90105 001 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F97000003422					
1. Corporation Name UPS WORLDWIDE LOGISTICS, INC.					
Principal Place of Business 990 HAMMOND DR. ATLANTA GA 30328			Mailing Address 990 HAMMOND DR. ATLANTA GA 30328		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/01/1997	
21 55 Glenlake Pkwy NE		26 55 Glenlake Pkwy NE		4. FEI Number 58-2024665	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23 Atlanta Ga		City & State 28 Atlanta Ga		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24 30328		Zip 29 30328		Country 25 USA 30 USA	
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			10. Name and Address of New Registered Agent		
81 Name			82 Street Address (P.O. Box Number is Not Acceptable)		
83			84 City		
85 Zip Code			FL		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature, typed or printed name of registered agent, and title if applicable. (NO E-Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
ASAT AGRESTA, MAURICE M 990 HAMMOND DR. ATLANTA GA 30328			55 Glenlake Pkwy NE Atlanta, Ga 30328		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
D ALDEN, JOHN W 990 HAMMOND DR. ATLANTA GA 30328			55 Glenlake Pkwy NE Atlanta, Ga 30328		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
P THURSTON, RAY 990 HAMMOND DR ATLANTA GA 30328			D/P/ICES Daniel P. DiMaggio 55 Glenlake Pkwy NE Atlanta, Ga 30328		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
ASAT PICA, EUGENE A 55 GLENLAKE PRKWAY NE ATLANTA GA 30328			55 Glenlake Pkwy NE Atlanta, GA 30328		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
D FREDO, PETER 990 HAMMOND DR ATLANTA GA 30328			55 Glenlake Pkwy NE Atlanta, GA 30328		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		
VST THOMPSON, JAMES 990 HAMMOND DR ATLANTA GA 30328			V/T/S Douglas M. Anderson 55 Glenlake Pkwy NE Atlanta, Ga 30328		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 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

Eugene A Pica 4/19/99 828-6093 (404)

Date

Daytime Phone #

CR2E034 (11/98)