## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **F9700003422** Apr 22, 2000 8:00 am Secretary of State UPS WORLDWIDE LOGISTICS, INC. 04-22-2000 90130 009 \*\*\*150.00 Mailing Address Principal Place of Business 55 GLENLAKE PARKWAY NE 55 GLENLAKE PARKWAY NE ATLANTA GA 30328-3474 ATLANTA GA 30328 2. Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 58-2024665 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City FL 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ASAT ☐ Delete TITLE AGRESTA, MAURICE M NAME NAME STREET ADDRESS STREET ADDRESS 55 GLENLAKE PARKWAY NE CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30328 Change ☐ Addition TITLE ☐ Defete TITLE NAME ALDEN, JOHN W NAME STREET ADDRESS STREET ADDRESS 55 GLENLAKE PARKWAY NE CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30328 ☐ Addition ☐ Change TITLE ☐ Delete NAME DIMAGGIO, DANIEL D STREET ADDRESS STREET ADDRESS 55 GLENLAKE PARKWAY CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30328 ☐ Addition ☐ Change ☐ Delete TITLE **ASAT** TITLE NAME PICA, EUGENE A NAME STREET ADDRESS STREET ADDRESS 55 GLENLAKE PRKWAY NE CITY-ST-ZIP CITY-ST-7IP ATLANTA GA 30328 ☐ Change Addition TITLE ☐ Delete TITLE D NAME FREDO, PETER NAME STREET ADDRESS STREET ADDRESS 55 GLENLAKE PARKWAY CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30328 ☐ Change ☐ Addition TITLE Delete TITLE ANDERSON, DOUGLAS M NAME NAME STREET ADDRESS STREET ADDRESS 55 GLENLAKE PARKWAY NE CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30328 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if

with all other like empowered

changed, or on an attachment with an adder

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR