2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000003422

1. Entity Name

UPS SUPPLY CHAIN MANAGEMENT, INC.

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Principal Place of Business Mailing Address										
55 GLENLAKE PARKWAY NE			55 GLENLAKE PARKWAY NE							
ATLANTA GA 30328			ATLANTA GA 30328			1				
										f 11818 (1811)
9 Dringing F	Diago of Busin		2 Mailine Address							
2. Principal Place of Business			3. Mailing Address			1100				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			\dashv		TE MARINE	CHANCE	c
						CHECK HERE IF MAKING CHANGES				
City & State			City & State		4. FEI Num	58-2024665		⊢	Applied For	
71		0	71				30 2024003			Not Applicable
Zip		Country	Zip	Count	try	5. Certificat	e of Status Desired		\$8.75 A	
	6. Name	and Address of Current	Registered Agent			7. Name ar	d Address of New I	Registered /	Agent	
					Name					
C T CORPORATION SYSTEM				Street Address (f		s (PO Box Numb	P.O. Box Number is Not Acceptable)			
1200 SOUTH PINE ISLAND ROAD				Street Address (F.		,		· · · · · · · · · · · · · · · · · · ·		
PLANTATION	ON FL 3332	24								
					City			FL	Zip Co	ode
8. The above	e named entity	y submits this statement fo	r the nurnose of changir	na its reaistere	ed office or regis	tered agent, or b	oth, in the State of FI		familiar with	and accept
	itions of regist		, the perpose of charge	ng no regional	a omee or regio	de a agom, or a		oned. / din	Taring Prid	,, a,,,,
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SIGNATURE .	Signature, typed	or printed name of registered agent	and title if applicable.	(NOTE: Registered	Agent signature requi	ired when reinstating)		DATE		
										
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F Afte	r May 1, 200	! FEE IS \$150.00 3 Fee will be \$550.00 Florida Department of	State				lection Campaign Fi rust Fund Contribution	_		00 May Be ed to Fees
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

CITY-ST-ZIP

SIZIVATURE REQUIREDENC A. Pice

4-28-03

(404) 828-6093

May 02, 2003 8:00 am secretary of State

FILED

05-02-2003 90363 012 ***150.00