2002 Uniform Business Report (UBR)

r1LED Mar 27, 2002 8:00 am Secretary of State 03-27-2002 90002 000 ## F98000003568 DOCUMENT # 1. Entity Name UPS, CO. Principal Place of Business Mailing Address 55 GLENLAKE PARKWAY. NE 55 GLENLAKE PARKWAY. NE ATLANTA GA 30328 ATLANTA GA 30328 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 13-1686691 Not Applicable Zip Country Zip 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 Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code 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** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DC. CR2E034 (9/01] ☐ Delete TITLE ☐ Change Addition AGRESTA, MAURICE M michael L. Eskew NAME NAME 55 GLENLAKE PKWY. NE 55 Glenleke Parkusay DE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ATLANTA GA 30328 CITY-ST-ZIP <u> Atlanta, GA 30328</u> ☐ Delete TITLE ☐ Change ☐ Addition CALVERT, ELIZABETH W NAME NAME 55 GLENLAKE PKWY. NE STREET ADDRESS STREET ADDRESS ATLANTA GA 30328 CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Addition TITLE NAME CAPOZZOLI, MATTHEW NAME STREET ADDRESS 55 GLENLAKE PKWY NE STREET ADDRESS CITY-ST-ZIP ATLANTA GA 30328 CITY-ST-ZIP **DVTS** TITLE ☐ Delete TITLE ☐ Change Addition DAVIS, SCOTT NAME NAME 55 GLENLAKE PKWY. NE STREET ADDRESS STREET ADDRESS ATLANTA GA 30328 CITY-ST-ZIE CITY-ST-ZIP **ATAS** TITLE ☐ Delete ☐ Change ☐ Addition PICA, EUGENE A NAME 55 GLENLAKE PKWY NE STREET ADDRESS STREET ADDRESS ATLANTA GA 30328 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

3-13-02