


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2004 8:00 am
Secretary of State

01-28-2004 90010 011 ***150.00

DOCUMENT # F98000003568
 1. Entity Name
 UPS, CO.



Principal Place of Business 55 GLENLAKE PARKWAY, NE ATLANTA, GA 30328	Mailing Address 55 GLENLAKE PARKWAY, NE ATLANTA, GA 30328
---	---

DO NOT WRITE IN THIS SPACE



01162004 No Chg-P CR2E034 (10/03)

4. FEI Number 13-1686691	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

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
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASAT AGRESTA, MAURICE M 55 GLENLAKE PKWY. NE ATLANTA, GA 30328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CALVERT, ELIZABETH W 55 GLENLAKE PKWY. NE ATLANTA, GA 30328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC ESKEW, MICHAEL L 55 GLENLAKE PKWY NE ATLANTA, GA 30328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVTS DAVIS, SCOTT 55 GLENLAKE PKWY. NE ATLANTA, GA 30328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATAS PICA, EUGENE A 55 GLENLAKE PKWY NE ATLANTA, GA 30328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE:  **1-21-04 (404) 828-6307**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #