

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000003568

FILED  
Apr 06, 2012  
Secretary of State

Entity Name: UPS, CO.

**Current Principal Place of Business:**

55 GLENLAKE PARKWAY, NE  
ATLANTA, GA 30328

**New Principal Place of Business:**

**Current Mailing Address:**

55 GLENLAKE PARKWAY, NE  
ATLANTA, GA 30328

**New Mailing Address:**

FEI Number: 13-1686691      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: NICHOLS, MITCHELL R  
Address: 55 GLENLAKE PARKWAY NE  
City-St-Zip: ATLANTA, GA 30328

Title: DC  
Name: DAVIS, D. SCOTT  
Address: 55 GLENLAKE PKWY, NE  
City-St-Zip: ATLANTA, GA 30328

Title: TVPD  
Name: KUEHN, KURT P  
Address: 55 GLENLAKE PKWY NE  
City-St-Zip: ATLANTA, GA 30328

Title: ASAT  
Name: TONG, WINIFER P  
Address: 55 GLENLAKE PKWY. NE  
City-St-Zip: ATLANTA, GA 30328

Title: D  
Name: ABNEY, DAVID P  
Address: 55 GLENLAKE PKWY NE  
City-St-Zip: ATLANTA, GA 30328

Title: DVPS  
Name: MCCLURE, TERI P  
Address: 55 GLENLAKE PKWY NE  
City-St-Zip: ATLANTA, GA 30328

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WINIFER P. TONG

ASAT

04/06/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date