

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90363 013 ***150.00

000144 AV

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



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **13-1686691** Applied For Not Applicable

5. Certificate of Status Desired **\$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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	ASAT	<input type="checkbox"/> Delete
NAME	AGRESTA, MAURICE M	
STREET ADDRESS	55 GLENLAKE PKWY. NE	
CITY-ST-ZIP	ATLANTA GA 30328	
TITLE	AS	<input type="checkbox"/> Delete
NAME	CALVERT, ELIZABETH W	
STREET ADDRESS	55 GLENLAKE PKWY. NE	
CITY-ST-ZIP	ATLANTA GA 30328	
TITLE	DC	<input type="checkbox"/> Delete
NAME	ESKEW, MICHAEL L	
STREET ADDRESS	55 GLENLAKE PKWY NE	
CITY-ST-ZIP	ATLANTA GA 30328	
TITLE	DVTS	<input type="checkbox"/> Delete
NAME	DAVIS, SCOTT	
STREET ADDRESS	55 GLENLAKE PKWY. NE	
CITY-ST-ZIP	ATLANTA GA 30328	
TITLE	ATAS	<input type="checkbox"/> Delete
NAME	PICA, EUGENE A	
STREET ADDRESS	55 GLENLAKE PKWY NE	
CITY-ST-ZIP	ATLANTA GA 30328	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Eugene A. Pica* **SIGNATURE REQUIRED** 4-29-03 (404) 828-6093

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)