

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90004 006 ***150.00

DOCUMENT # F99000006131

1. Entity Name

FDX SUPPLY CHAIN SERVICES, INC.

Principal Place of Business

Mailing Address

**5455 DARROW ROAD
 HUDSON OH 44236**

**5455 DARROW ROAD
 HUDSON OH 44236**

LU033033



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **34-1614601**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCARTY, JOSEPH	NAME	Gary D. Gilbert
STREET ADDRESS	5455 DARROW ROAD	STREET ADDRESS	5455 Darrow Rd.
CITY-ST-ZIP	HUDSON OH 44236	CITY-ST-ZIP	Hudson, OH 44236
TITLE	VASD <input type="checkbox"/> Delete	TITLE	VP Human Resources <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLEY, AMI P	NAME	Florian Kete
STREET ADDRESS	5455 DARROW ROAD	STREET ADDRESS	5455 Darrow Rd.
CITY-ST-ZIP	HUDSON OH 44236	CITY-ST-ZIP	Hudson, OH 44236
TITLE	V <input type="checkbox"/> Delete	TITLE	v.p. Plng., Admin + Engr. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUTEY, LORI A	NAME	Roger Radowski
STREET ADDRESS	5455 DARROW ROAD	STREET ADDRESS	5455 Darrow Rd.
CITY-ST-ZIP	HUDSON OH 44236	CITY-ST-ZIP	Hudson, OH 44236
TITLE	TD <input type="checkbox"/> Delete	TITLE	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAY, DEBRA A	NAME	C. Edward Klant III
STREET ADDRESS	5455 DARROW ROAD	STREET ADDRESS	5455 Darrow Rd.
CITY-ST-ZIP	HUDSON OH 44236	CITY-ST-ZIP	Hudson, OH 44236
TITLE	AT <input type="checkbox"/> Delete	TITLE	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, ROBERT L	NAME	Andrew M. Paalborjy
STREET ADDRESS	5455 DARROW ROAD	STREET ADDRESS	5455 Darrow Rd.
CITY-ST-ZIP	HUDSON OH 44236	CITY-ST-ZIP	Hudson, OH 44236
TITLE	AT <input type="checkbox"/> Delete	TITLE	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRYT, MICHAEL D	NAME	Brian D. Stormer
STREET ADDRESS	5455 DARROW ROAD	STREET ADDRESS	5455 Darrow Rd.
CITY-ST-ZIP	HUDSON OH 44236	CITY-ST-ZIP	Hudson, OH 44236

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lori Lutey **Lori Lutey** 3/22/00 330-342-3020
 Date Daytime Phone #

CR2E034 (9/99)