

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000006131

FILED  
Mar 24, 2011  
Secretary of State

**Entity Name:** FEDEX SUPPLYCHAIN SYSTEMS, INC.

**Current Principal Place of Business:**

5455 DARROW ROAD  
HUDSON, OH 44236

**New Principal Place of Business:**

**Current Mailing Address:**

5455 DARROW ROAD  
HUDSON, OH 44236

**New Mailing Address:**

**FEI Number:** 34-1614601

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: SIMON, CRAIG M  
Address: 5025 TUGGLE RD  
City-St-Zip: MEMPHIS, TN 38118

Title: S  
Name: MOLINET, ROBERT T  
Address: 942 S. SHADY GROVE ROAD  
City-St-Zip: MEMPHIS, TN 38120

Title: V  
Name: PONTON, ROBERT E  
Address: 5025 TUGGLE ROAD  
City-St-Zip: MEMPHIS, TN 38118

Title: D  
Name: GLENN, T. MICHAEL  
Address: 942 SHADY GROVE RD  
City-St-Zip: MEMPHIS, TN 38120

Title: T  
Name: WILLIAMS, BURNETTA B  
Address: 942 S SHADY GROVE RD  
City-St-Zip: MEMPHIS, TN 38120

Title: V  
Name: ALEXANDER, KIM B  
Address: 5025 TUGGLE ROAD  
City-St-Zip: MEMPHIS, TN 38118

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: DAWN PESTA

APSA

03/24/2011

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

\_\_\_\_\_ Date