

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

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90104 048 ***158.75

DOCUMENT # **P00000104989**

1. Entity Name
DHL AVIATION AMERICAS, INC.

644553

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8100 S.W. 10th Street, Suite, Apt. #, etc. 3200 City & State Plantation, Florida Zip 33324 Country USA		3. Mailing Address Director, Legal & Reg. Affairs, Suite, Apt. #, etc. 8100 S.W. 10th ST, Suite 4000 City & State Plantation, Florida Zip 33324 Country USA	
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4. FEI Number 65-1059294	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
CT CORPORATION SYSTEM
Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD
City
PLANTATION **FL** Zip Code
33324

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR NEIL FERGUSON 8100 S.W. 10th Street, Suite 3200
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR/SECRETARY JON OLIN 8100 S.W. 10th Street, Suite 4000
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER Eric Kawano 8100 S.W. 10th Street, Suite 3200
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-18-02 **(954)626 4123**