2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000104989

City-St-Zip:

PLANTATION, FL 33309

Entity Name: DHL AVIATION AMERICAS, INC.

FILED Apr 16, 2004 Secretary of State

Current P	rincipal Place	of Business:	New Principa	New Principal Place of Business:		
8100 SW 10TH ST. 3200 PLANTATION, FL 33324			6TH FLOOR (1200 S PINE ISLAND ROAD 6TH FLOOR (LEGAL DEPT) PLANTATION, FL 33324		
Current N	lailing Addres	ss:	New Mailing	New Mailing Address:		
DIRECTOR, LEGAL & REG. AFFAIRS 8100 SW 10TH ST. SUITE 3200 PLANTATION, FL 33324			1200 S PINE ISLAND ROAD 6TH FLOOR (LEGAL DEPT) PLANTATION, FL 33324			
FEI Number	: 65-1059294	FEI Number Applied For ()	FEI Number Not Applicat	ole () Certificate of Status Desired (()	
Name and	d Address of C	Current Registered Agent:	Name and Ad	Name and Address of New Registered Agent:		
1200 SOU	PORATION SY ITH PINE ISLA ION, FL 33324	ND ROAD				
	e named entity : e of Florida.	submits this statement for the լ	ourpose of changing its r	egistered office or registered agent, or	both,	
SIGNATUI	RE:					
	Electror	nic Signature of Registered Age	ent	Date		
Election Car	mpaign Financin	g Trust Fund Contribution ().				
OFFICER	S AND DIREC	TORS:	ADDITIONS/0	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	FERGUSON, N	ST. SUITE 3200	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	OLIN, JON	Delete ST. SUITE 4000 EL 33309	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address:	KAWANO, ERI	Delete C ST. SUITE 3200	Title: Name: Address:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

City-St-Zip:

SIGNATURE: JON OLIN S 04/16/2004