

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02968

FILED
Apr 26, 2004
Secretary of State

Entity Name: AIR EXPRESS INTERNATIONAL USA, INC.

Current Principal Place of Business:

ATTN: TAX DEPARTMENT
120 TOKENEKE ROAD
DARIEN, CT 06820

New Principal Place of Business:

1200 S PINE ISLAND ROAD
6TH FLOOR (LEGAL DEPT)
PLANTATION, FL 33324

Current Mailing Address:

ATTN: TAX DEPARTMENT
120 TOKENEKE ROAD
DARIEN, CT 06820

New Mailing Address:

1200 S PINE ISLAND ROAD
6TH FLOOR (LEGAL DEPT)
PLANTATION, FL 33324

FEI Number: 06-1113864

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TOGGWEILER, HANS
Address: 33 WASHINGTON ST., 16TH FL
City-St-Zip: NEWARK, NJ 07102

Title: VP () Delete
Name: LINDHOLM, BRIAN E
Address: 33 WASHINGTON ST., 16TH FL
City-St-Zip: NEWARK, NJ 07102

Title: VD () Delete
Name: NOLAN, STEPHEN
Address: 33 WASHINGTON ST., 16TH FL
City-St-Zip: NEWARK, NJ 07102

Title: SD () Delete
Name: ALTMAN, RICHARD
Address: 33 WASHINGTON ST., 16TH FL
City-St-Zip: NEWARK, NJ 07102

Title: T () Delete
Name: PAUL J. GALLAGHER,
Address: 33 WASHINGTON ST., 16TH FL
City-St-Zip: NEWARK, NJ 07102

Title: VP () Delete
Name: BROWN, DAVID P
Address: 120 TORENEKE RD.-TAX DEPT.
City-St-Zip: DARIEN, CT 06820

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: OWUSU, VICTOR
Address: 1200 S PINE ISLAND ROAD
City-St-Zip: PLANTATION, FL 33324

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.

SIGNATURE: VICTOR OWUSU

S

04/26/2004

Electronic Signature of Signing Officer or Director

Date