


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90113 002 ***150.00

DOCUMENT # P09818	
1. Entity Name UPS AIR FREIGHT SERVICES, INC.	

Principal Place of Business 12380 MORRIS ROAD ALPHARETTA, GA 30005	Mailing Address 12380 MORRIS ROAD ALPHARETTA, GA 30005
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50029147

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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02082005 Chg-P CR2E034 (10/03)

4. FEI Number 75-1605156	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324

7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, D. SCOTT <input type="checkbox"/> Delete 55 GLENLAKE PKWY E ATLANTA, GA 30328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESKEW, MICHAEL L <input type="checkbox"/> Delete 55 GLENLAKE PKWY NE ATLANTA, GA 30328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP HILL, ALLEN E <input type="checkbox"/> Delete 55 GLENLAKE PARKWAY NE ATLANTA, GA 30328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS PICA, EUGENA <input type="checkbox"/> Delete 55 GLENLAKE PARKWAY NE ATLANTA, GA 30328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. Secretary Jeffrey D. Firestone <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 55 Glenlake Pkwy. NE Atlanta, GA 30328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jeffrey D. Firestone, Asst. Sec. 3/15/05 404-828-8689
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #