


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90187 023 ***158.75

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|--|---|
| DOCUMENT # P11390 1. Entity Name FEDEX GROUND PACKAGE SYSTEM, INC. |  |
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| Principal Place of Business 1000 FEDEX DR MOON TOWNSHIP, PA 15108 US | Mailing Address P.O. BOX 108 PITTSBURGH, PA 15230-0108 US |
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|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |
| Zip Country | Zip Country |

40066455



03242006 Chg-P CR2E034 (11/05)

| | |
|--|--|
| 4. FEI Number 34-1441019 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

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|---|--|
| 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD 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 _____

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|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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. SEE ATTACHED OFFICERS AND DIRECTORS | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td>TITLE</td> <td>CD</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SMITH, FREDERICK W</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>942 S. SHADY GROVE RD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MEMPHIS, TN 38120</td> <td></td> </tr> <tr> <td>TITLE</td> <td>PCEO</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SULLIVAN, DANIEL J</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1000 FEDEX DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MOON TOWNSHIP, PA 15108</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SVOP</td> <td><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>TROMBETTA, RONALD R</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1000 FEDEX DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TOOM TOWNSHIP, PA 15108</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SVGC</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>JOHNSON, CLIFFORD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1000 FEDEX DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MOON TOWNSHIP, PA 15108</td> <td></td> </tr> <tr> <td>TITLE</td> <td>EVDO</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MARTICKE, RODGER G</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1000 FEDEX DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MOON TOWNSHIP, PA 15108</td> <td></td> </tr> <tr> <td>TITLE</td> <td>S</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MOLINET, ROBERT T</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>942 S. SHADY GROVE RD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MEMPHIS, TN 38120</td> <td></td> </tr> </table> | TITLE | CD | <input type="checkbox"/> Delete | NAME | SMITH, FREDERICK W | | STREET ADDRESS | 942 S. SHADY GROVE RD | | CITY-ST-ZIP | MEMPHIS, TN 38120 | | TITLE | PCEO | <input type="checkbox"/> Delete | NAME | SULLIVAN, DANIEL J | | STREET ADDRESS | 1000 FEDEX DRIVE | | CITY-ST-ZIP | MOON TOWNSHIP, PA 15108 | | TITLE | SVOP | <input checked="" type="checkbox"/> Delete | NAME | TROMBETTA, RONALD R | | STREET ADDRESS | 1000 FEDEX DRIVE | | CITY-ST-ZIP | TOOM TOWNSHIP, PA 15108 | | TITLE | SVGC | <input type="checkbox"/> Delete | NAME | JOHNSON, CLIFFORD | | STREET ADDRESS | 1000 FEDEX DRIVE | | CITY-ST-ZIP | MOON TOWNSHIP, PA 15108 | | TITLE | EVDO | <input type="checkbox"/> Delete | NAME | MARTICKE, RODGER G | | STREET ADDRESS | 1000 FEDEX DRIVE | | CITY-ST-ZIP | MOON TOWNSHIP, PA 15108 | | TITLE | S | <input type="checkbox"/> Delete | NAME | MOLINET, ROBERT T | | STREET ADDRESS | 942 S. SHADY GROVE RD | | CITY-ST-ZIP | MEMPHIS, TN 38120 | | <table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>SVOP</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Gretchen G. Smarto</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1000 Fedex Drive</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Moon Township, PA 15108</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | STREET ADDRESS | | | CITY-ST-ZIP | | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | STREET ADDRESS | | | CITY-ST-ZIP | | | TITLE | SVOP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | NAME | Gretchen G. Smarto | | STREET ADDRESS | 1000 Fedex Drive | | CITY-ST-ZIP | Moon Township, PA 15108 | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | STREET ADDRESS | | | CITY-ST-ZIP | | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | STREET ADDRESS | | | CITY-ST-ZIP | | |
| TITLE | CD | <input type="checkbox"/> Delete | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | SMITH, FREDERICK W | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | 942 S. SHADY GROVE RD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | MEMPHIS, TN 38120 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| NAME | SULLIVAN, DANIEL J | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| CITY-ST-ZIP | MOON TOWNSHIP, PA 15108 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| CITY-ST-ZIP | TOOM TOWNSHIP, PA 15108 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| NAME | MARTICKE, RODGER G | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| NAME | MOLINET, ROBERT T | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | 942 S. SHADY GROVE RD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | MEMPHIS, TN 38120 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| CITY-ST-ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TITLE | SVOP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | Gretchen G. Smarto | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | 1000 Fedex Drive | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | Moon Township, PA 15108 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT1000 FedEx Drive
Moon Township, PA 1510840066455
#P11390**Officers & Directors of the Corporation**

| Name | Title(s) | Business Address |
|-------------------------------|--|---|
| Frederick W. Smith (Chairman) | Director | 942 S. Shady Grove Rd Memphis, TN 38120 |
| Robert B. Carter | Director | 942 S. Shady Grove Rd Memphis, TN 38120 |
| T. Michael Glenn | Director | 942 S. Shady Grove Rd Memphis, TN 38120 |
| Alan B. Graf, Jr. | Director | 942 S. Shady Grove Rd Memphis, TN 38120 |
| Christine P. Richards | Director | 942 S. Shady Grove Rd Memphis, TN 38120 |
| Daniel J. Sullivan | President & CEO Officer & Director | 1000 FedEx Drive Moon Township, PA 15108 |
| Rodger G. Marticke | Exec. Vice President & COO Officer & Director | 1000 FedEx Drive Moon Township, PA 15108 |
| Bram B. Johnson | Exec. Vice President, Strategic Planning, Quality Management and Communications, Officer & Director | 1000 FedEx Drive Moon Township, PA 15108 |
| Clifford P. Johnson | Sr. VP, General Counsel & Assistant Secretary Officer | 1000 FedEx Drive Moon Township, PA 15108 |
| Mark A. Byrum | VP, Southern Division Officer | 1000 FedEx Drive Moon Township, PA 15108 |
| Paul S. Callahan | Sr. VP, Contractor Relations Officer | 1000 FedEx Drive Moon Township, PA 15108 |
| John F. Hiltz | VP, Western Division Officer | 1000 FedEx Drive Moon Township, PA 15108 |
| Severn T. McMurtry | VP, P&D and Linehaul Engineering Officer | 1000 FedEx Drive Moon Township, PA 15108 |
| Scott L. Ray | VP, Eastern Division Officer | 1000 FedEx Drive Moon Township, PA 15108 |
| Shannon A. Brown | Sr. VP, Human Resources Officer | 1000 FedEx Drive Moon Township, PA 15108 |
| Robert Ostrov | VP, Contractor Relations Officer | 1000 FedEx Drive Moon Township, PA 15108 |
| Ronald E. Joseph | Sr. VP, Linehaul, Safety & Maintenance Officer | 1000 FedEx Drive Moon Township, PA 15108 |
| Stephen J. Handy | Sr. VP, Operations Planning and Engineering and Chief Learning Officer, Officer | 1000 FedEx Drive Moon Township, PA 15108 |
| Gretchen G. Smarto | Sr. VP, Finance & Administration, CFO & Treasurer Officer | 1000 FedEx Drive Moon Township, PA 15108 |
| Michael V. Hmel | Sr. VP, Information Technology & CIO Officer | 1000 FedEx Drive Moon Township, PA 15108 |

ATTACHMENT

40066455

1000 FedEx Drive
Moon Township, PA 15108

P11390

Officers & Directors of the Corporation

| Name | Title(s) | Business Address |
|----------------------|---|---|
| Heidi K. Bartholomew | VP & Controller Officer | 1000 FedEx Drive Moon Township, PA 15108 |
| Michael P. Mannion | Sr. VP, Terminal Operations Officer | 1000 FedEx Drive Moon Township, PA 15108 |
| John C. Payne | VP, Linehaul Officer | 1000 FedEx Drive Moon Township, PA 15108 |
| Vince M. Hamilton | VP, Home Delivery Officer | 1000 FedEx Drive Moon Township, PA 15108 |
| Kenneth J. Spangler | VP, Application Development & Information Technology & Officer | 1000 FedEx Drive Moon Township, PA 15108 |
| Roman M. Hlutkowsky | VP, Operation Technology & System Support Officer | 1000 FedEx Drive Moon Township, PA 15108 |
| Douglas E. Knoch | VP, Strategic Projects Officer | 1000 FedEx Drive Moon Township, PA 15108 |
| Robert T. Molinet | Secretary Officer | 942 S. Shady Grove Rd Memphis, TN 38120 |
| Michael D. Fryt | Assistant Treasurer Officer | 942 S. Shady Grove Rd Memphis, TN 38120 |
| Robert L. Brown | Assistant Treasurer Officer | 942 S. Shady Grove Rd Memphis, TN 38120 |
| Hugh A. Skinner | Assistant Treasurer Officer | 942 S. Shady Grove Rd Memphis, TN 38120 |