





**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P21439</b>			
1. Entity Name ABX AIR, INC.			
Principal Place of Business 145 HUNTER DR WILMINGTON, OH 45177		Mailing Address P.O. BOX 662 ATTN: TAX SEATTLE, WA 98111-0662	
<b>DO NOT WRITE IN THIS SPACE</b>			
		04132006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 91-1091619	
		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		  000000526428 05/04/05-80074-009 150.00  <b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HETE, JOSEPH C 145 HUNTER DRIVE WILMINGTON, OH 45177		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP MANIBUSAN, DENNIS A 145 HUNTER DRIVE WILMINGTON, OH 45177		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP MORGENFELD, ROBERT J 145 HUNTER DRIVE WILMINGTON, OH 45177		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS PAYNE, W. JOSEPH 145 HUNTER DRIVE WILMINGTON, OH 45177		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP POYNTER, THOMAS W 145 HUNTER DRIVE WILMINGTON, OH 45177		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO TURNER, QUINT O 145 HUNTER DR WILMINGTON, OH 45177		
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:  <b>Quint O. Turner</b>		4-13-06 937-382-5591	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	