


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90021 037 ***150.00

| | | | | | |
|---|---------------------------|---|---|--|--|
| DOCUMENT # P36746 | | | |  | |
| 1. Entity Name WORLD COURIER GROUND, INC. | | | | | |
| Principal Place of Business 8308 NW 30 TERRACE MIAMI, FL 33122 US | | Mailing Address 72 PINE STREET PROVIDENCE, RI 02903 US | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-0299257 | |
| | | | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | | | 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, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | P | Delete <input type="checkbox"/> | | TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME | ZALLER, MARC | | | NAME | |
| STREET ADDRESS | 46 SOUTHFIELD AVE, BLDG 3 | | | STREET ADDRESS | |
| CITY-ST-ZIP | STAMFORD, CT 06902 | | | CITY-ST-ZIP | |
| TITLE | CD | Delete <input type="checkbox"/> | | TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME | BERGER, JAMES R. | | | NAME | |
| STREET ADDRESS | 46 SOUTHFIELD AVE., BL 3 | | | STREET ADDRESS | |
| CITY-ST-ZIP | STAMFORD, CT | | | CITY-ST-ZIP | |
| TITLE | D | Delete <input type="checkbox"/> | | TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME | HEYLAND, WAYNE B. W. | | | NAME | |
| STREET ADDRESS | 46 SOUTHFIELD AVE., BL 3 | | | STREET ADDRESS | |
| CITY-ST-ZIP | STAMFORD, CT | | | CITY-ST-ZIP | |
| TITLE | TS | Delete <input type="checkbox"/> | | TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME | DURNIAC, MICHAEL | | | NAME | |
| STREET ADDRESS | 72 PINE STREET | | | STREET ADDRESS | |
| CITY-ST-ZIP | PROVIDENCE, RI 02903 | | | CITY-ST-ZIP | |
| TITLE | VP | Delete <input type="checkbox"/> | | TITLE | Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> |
| NAME | MARTIN, CLINTON | | | NAME | |
| STREET ADDRESS | 72 PINE STREET | | | STREET ADDRESS | 901 Yamato Road |
| CITY-ST-ZIP | PROVIDENCE, RI 02903 | | | CITY-ST-ZIP | Bacon Raton, FL 33431 |
| TITLE | VP | Delete <input type="checkbox"/> | | TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME | ADAMS, ROBYN | | | NAME | |
| STREET ADDRESS | 72 PINE STREET | | | STREET ADDRESS | |
| CITY-ST-ZIP | PROVIDENCE, RI 02903 | | | CITY-ST-ZIP | |
| 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: <i>Michael Durniak</i> MICHAEL DURNIAC | | | Date | | Daytime Phone # 401 459 0990 x19 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |

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