

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P38097

(2)

1. Corporation Name
UPS AVIATION SERVICES INC.

Principal Place of Business

55 NE GLENLAKE PKWY
ATLANTA GA 30328
US

Mailing Address

55 GLENLAKE PKWY
ATLANTA GA 30328-3474
US

2. Principal Place of Business

21 55 Glenlake Parkway, NE
Suite, Apt. #, etc.

22 City & State

23 Atlanta, GA

24 30328 25 US

2a. Mailing Address

26 55 Glenlake Parkway, NE
Suite, Apt. #, etc.

27 City & State

28 Atlanta, GA 30328

29 30328 30 US

3. Date Incorporated or Qualified

03/24/1992

3a. Date of Last Report

04/29/1996

4. FEI Number

06-1259037

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	NELSON, KENT C	
STREET ADDRESS	55 NE GLENLAKE PKWY	
CITY-ST-ZIP	ATLANTA GA	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	KELLY, JAMES P.	
STREET ADDRESS	55 NE GLENLAKE PKWY	
CITY-ST-ZIP	ATLANTA GA	
TITLE	DVTS	<input type="checkbox"/> DELETE
NAME	CLANIN, ROBERT J.	
STREET ADDRESS	55 NE GLENLAKE PKWY	
CITY-ST-ZIP	ATLANTA GA	
TITLE	VSAT	<input type="checkbox"/> DELETE
NAME	MODEROW, JOSEPH R.	
STREET ADDRESS	55 NE GLENLAKE PKWY	
CITY-ST-ZIP	ATLANTA GA	
TITLE	AST	<input type="checkbox"/> DELETE
NAME	PICA, EUGENE A	
STREET ADDRESS	55 NE GLENLAKE PKWY	
CITY-ST-ZIP	ATLANTA GA	
TITLE	AST	<input type="checkbox"/> DELETE
NAME	AGRESTA, MAURICE M	
STREET ADDRESS	55 NE GLENLAKE PKWY	
CITY-ST-ZIP	ATLANTA GA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *YD*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Eugene A. Pica

1/24/97
Date

(404) 828-8330
Daytime Phone #

CR2E034 (9/96)

FILED
Feb 04 1997 8:00am
Secretary of State

