

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P38097

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  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/24/1992

4. FEI Number

06-1259037

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
DP				<input checked="" type="checkbox"/>	<input type="checkbox"/>
D/V/T/Asst Secretary				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
ASAT				<input checked="" type="checkbox"/>	<input type="checkbox"/>
ASAT				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. 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 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE REQUIRED Eugene A. Pica

Date

Daytime Phone #

4/19/99 (404) 828-6092

CR2E034 (1/198)

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90001 048 \*\*\*150.00

