## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # P38097** Apr 22, 2000 8:00 am Secretary of State 1. Entity Name UPS AVIATION SERVICES INC. 04-22-2000 90130 030 \*\*\*150.00 Principal Place of Business Mailing Address 55 NE GLENLAKE PKWY 55 GLENLAKE PKWY ATLANTA GA 30328 ATLANTA GA 30328-3474 U\$ 2. Principal Place of Business 3. Mailing Address PKWY NE 55 Glenlak 55 Glenlake DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For City & State 4. FEI Number City & State 06-1259037 GA 30328 Not Applicable <u>Atlanta</u> Atlanta Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 30328 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City FL 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITI F ☐ Delete NAME KELLY, JAMES P. STREET ADDRESS STREET ADDRESS 55 NE GLENLAKE PKWY CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA DVTS TITLE ☐ Change ☐ Addition Delete TITLÉ NAME CLANIN, ROBERT J. NAME STREET ADDRESS STREET ADDRESS 55 NE GLENLAKE PKWY CITY-ST-7IP CITY-ST-ZIP ATLANTA GA ☐ Addition Change TITI F ☐ Delete TITLE VSAT NAME MODEROW, JOSEPH R. NAME STREET ADDRESS STREET ADDRESS 55 NE GLENLAKE PKWY CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA Change ☐ Addition ☐ Delete ASAT TITLE NAME PICA. EUGENE A NAME STREET ADDRESS STREET ADDRESS 55 NE GLENLAKE PKWY CITY-ST-7IP CITY-ST-ZIP ATLANTA GA Change ☐ Addition ASAT ☐ Detete TITLE AGRESTA, MAURICE M NAME STREET ADDRESS STREET ADDRESS 55 NE GLENLAKE PKWY CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR