2002 Uniform Business Report (UBR)

Mar 27, 2002 8:00 am Secretary of State P98000097749 DOCUMENT # 1. Entity Name UPS LOGISTICS GROUP AMERICAS, INC. 03-27-2002 90093 018 ***150.00 Principal Place of Business Mailing Address 55 GLENLAKE PKWY., N.E. 55 GLENLAKE PKWY.. N.E. ATLANTA GA 30328 ATLANTA GA 30328 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0880401 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. 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 RD. **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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2002 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PCD CR2E034 (9/01) ☐ Change X Addition TITLE Delete TITLE Scott D. Davis DIMAGGIO, DANIEL P NAME NAME 55 Glenlake PKWY. DE 55 GLENLAKE PARKWAY NORTHEAST STREET ADDRESS STREET ADDRESS ATLANTA GA 30328 CITY-ST-ZIP CITY-ST-ZIP Atlantz, GA 30328 Delete C0014 ☐ Change **Addition** TITI F ANDERSON, DOUGLAS M NAME Michael Arias 55 Glenlake Pkwy, DE NAME 55 GLENLAKE PARKWAY NORTHEAST. STREET ADDRESS STREET ADDRESS ATLANTA GA 30328 CITY-ST-7IP CITY-ST-ZIP olflanta, GA 30328 **X** Addition ☐ Change D Delete TITLE michael L. Eskew HILL, ALLEN E NAME 55 Glenlake PKWY. NE 55 GLENLAKE PARKWAY NORTHEAST STREET ADDRESS STREET ADDRESS ATLANTA GA 30328 CITY-ST-ZIP CITY-ST-ZIP Atlanta, GA 30328 **ATAS** Addition TITLE ☐ Delete TITLE ☐ Change PICA, EUGENE A NAME NAME 55 GLENLAKE PARKWAY NORTHEAST STREET ADDRESS STREET ADDRESS ATLANTA GA 30328 CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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

SIGNATURE:

Douting Phone #

FILED