

1.) CORPORATION NAME:

FedEx Ground Package System, Inc.

DUE DATE: **12/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F0600389**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1000 FEDEX DRIVE

CITY/ST/ZIP: MOON TOWNSHIP, PA 15108

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DAVID F REBHOLZ	
TITLE:	PRESIDENT/CEO	
ADDRESS:	1000 FEDEX DR	
CITY/ST/ZIP/CO:	MOON TOWNSHIP, PA 15108	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	CHRISTINE P RICHARDS	
TITLE:	EXEC. VP / SECR	
ADDRESS:	942 SOUTH SHADY GROVE ROAD	
CITY/ST/ZIP/CO:	MEMPHIS, TN 38120	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	WARD B STRANG	
TITLE:	EXEC. VP	
ADDRESS:	1000 FEDEX DRIVE	
CITY/ST/ZIP/CO:	MOON TOWNSHIP, PA 15108	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	HEIDI K BARTHOLOMEW	
TITLE:	VICE PRESIDENT	
ADDRESS:	1000 FEDEX DRIVE	
CITY/ST/ZIP/CO:	MOON TOWNSHIP, PA 15108	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	GRETCHEN G SMARTO	
TITLE:	SR VP/TREASURER	
ADDRESS:	1000 FEDEX DR	
CITY/ST/ZIP/CO:	MOON TOWNSHIP, PA 15108	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	SCOTT DEPOY	
TITLE:	ASST SECRETARY	
ADDRESS:	1000 FEDEX DRIVE	
CITY/ST/ZIP/CO:	MOON TOWNSHIP, PA 15108	

NAME: KIMBERLY W BARR TITLE: ASST TREASURER ADDRESS: 1000 FEDEX DRIVE CITY/ST/ZIP/CO: MOON TOWNSHIP, PA 15108	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: ROBERT B CARTER TITLE: DIRECTOR ADDRESS: 942 S SHADY GROVE RD CITY/ST/ZIP/CO: MEMPHIS, TN 38120	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ SCOTT DEPOY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SCOTT DEPOY, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	12/24/2012 DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.