

1.) CORPORATION NAME:

FedEx Ground Package System, Inc.

DUE DATE: **12/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

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.

NAME: CHRISTINE P RICHARDS
TITLE: DIRECTOR
ADDRESS: 942 SOUTH SHADY GROVE ROAD
CITY/ST/ZIP/CO: MEMPHIS, TN 38120

OFFICER DIRECTOR

NAME: WARD B STRANG
TITLE: EXEC. VP/COO
ADDRESS: 1000 FEDEX DRIVE
CITY/ST/ZIP/CO: MOON TOWNSHIP, PA 15108

OFFICER DIRECTOR

NAME: GRETCHEN G SMARTO
TITLE: TREASURER/CFO
ADDRESS: 1000 FEDEX DR
CITY/ST/ZIP/CO: MOON TOWNSHIP, PA 15108

OFFICER DIRECTOR

NAME: KIMBERLY W BARR
TITLE: ASST TREASURER
ADDRESS: 1000 FEDEX DRIVE
CITY/ST/ZIP/CO: MOON TOWNSHIP, PA 15108

OFFICER DIRECTOR

NAME: SCOTT DEPOY
TITLE: ASST SECRETARY
ADDRESS: 1000 FEDEX DRIVE
CITY/ST/ZIP/CO: MOON TOWNSHIP, PA 15108

OFFICER DIRECTOR

NAME: ROBERT B CARTER
TITLE: DIRECTOR
ADDRESS: 942 S SHADY GROVE RD
CITY/ST/ZIP/CO: MEMPHIS, TN 38120

OFFICER DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	T. MICHAEL GLENN DIRECTOR 942 South Shady Grove Road Memphis, TN 38120	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALAN GRAFF DIRECTOR 942 SOUTH SHADY GROVE ROAD MEMPHIS, TN 31820	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HENRY J. MAIER PRESIDENT 1000 FEDEX DRIVE MOON TOWNSHIP, PA 15108	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FREDERICK W. SMITH CHAIRMAN 942 SOUTH SHADY GROVE ROAD MEMPHIS, TN 38120	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	C. EDWARD KLANK ASST SECRETARY 942 SOUTH SHADY GROVE ROAD MEMPHIS, TN 38120	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CARY BLANCETT GEN CO/AST SEC 1000 FEDEX DRIVE MOON TOWNSHIP, PA 15108	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANTHONY F. SPALVIERI ASST SECRETARY 1000 FEDEX DRIVE MOON TOWNSHIP, PA 15108	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHAHRAM A. ESLAMI ASST SECRETARY 942 SOUTH SHADY GROVE ROAD MEMPHIS, TN 38120	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LINDA K. HILL ASST TREASURER 3630 HACKS CROSS ROAD MEMPHIS, TN 38125	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JENNIFER L. JOHNSON ASST TREASURER 942 SOUTH SHADY GROVE ROAD MEMPHIS, TN 38120	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HERBERT C. NAPPIER ASST TREASURER 942 SOUTH SHADY GROVE ROAD MEMPHIS, TN 38120	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: SHERRI R. SWINDLE TITLE: ASST TREASURER ADDRESS: 3630 HACKS CROSS ROAD CITY/ST/ZIP/CO: MEMPHIS, TN 38125	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: MICHAEL D. FRYT TITLE: ASST TREASURER ADDRESS: 942 SOUTH SHADY GROVE ROAD CITY/ST/ZIP/CO: MEMPHIS, TN 38120	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: ROBERT L. BROWN TITLE: ASST TREASURER ADDRESS: 942 SOUTH SHADY GROVE ROAD CITY/ST/ZIP/CO: MEMPHIS, TN 38120	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: HUGH A. SKINNER TITLE: ASST TREASURER ADDRESS: 3630 HACKS CROSS ROAD CITY/ST/ZIP/CO: MEMPHIS, TN 38125	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
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	12/6/2013 _____ DATE
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.		