

1.) CORPORATION NAME:

FedEx TechConnect, Inc.

DUE DATE: **5/31/2011**

SCC ID NO: **F1668021**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

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: 942 S SHADY GROVE RD

CITY/ST/ZIP: MEMPHIS, TN 38120-

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: CARY C. PAPPAS
TITLE: PRES/CEO
ADDRESS: 3610 HACKS CROSS RD
CITY/ST/ZIP/CO: MEMPHIS, TN 38125-

OFFICER

DIRECTOR

NAME: ROBERT T MOLINET
TITLE: SECRETARY
ADDRESS: 942 S SHADY GROVE RD
CITY/ST/ZIP/CO: MEMPHIS, TN 38120-

OFFICER

DIRECTOR

NAME: BURNETTA B WILLIAMS
TITLE: TREASURER
ADDRESS: 942 S SHADY GROVE RD
CITY/ST/ZIP/CO: MEMPHIS, TN 38120-

OFFICER

DIRECTOR

NAME: MARK A MCGOUGH
TITLE: SVP/CFO
ADDRESS: 942 SOUTH SHADY GROVE ROAD
CITY/ST/ZIP/CO: MEMPHIS, TN 38120-

OFFICER

DIRECTOR

NAME: T. MICHAEL GLENN
TITLE: CHAIRMAN
ADDRESS: 942 SOUTH SHADY GROVE ROAD
CITY/ST/ZIP/CO: MEMPHIS, TN 38120-

OFFICER

DIRECTOR

NAME: ROBERT B CARTER TITLE: VICE CHAIRMAN ADDRESS: 942 S SHADY GROVE RD CITY/ST/ZIP/CO: MEMPHIS, TN 38120-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: CHRISTINE P. RICHARDS TITLE: DIRECTOR ADDRESS: 942 SOUTH SHADY GROVE ROAD CITY/ST/ZIP/CO: MEMPHIS, TN 38120-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: FREDERICK W. SMITH TITLE: DIRECTOR ADDRESS: 942 SOUTH SHADY GROVE ROAD CITY/ST/ZIP/CO: MEMPHIS, TN 38120-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: ALAN B. GRAF, JR. TITLE: DIRECTOR ADDRESS: 942 SOUTH SHADY GROVE ROAD 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.

<u>/s/ ROBERT T MOLINET</u>	<u>ROBERT T MOLINET, SECRETARY</u>	<u>4/4/2011</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.