

1.) CORPORATION NAME:

**FedEx TechConnect, Inc.**

DUE DATE: **5/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1668021**

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.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	CARY C PAPPAS	
TITLE:	P/CEO	
ADDRESS:	3610 HACKS CROSS ROAD	
CITY/ST/ZIP/CO:	MEMPHIS, TN 38125	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ROBERT B CARTER	
TITLE:	VICE CHAIRMAN	
ADDRESS:	942 S SHADY GROVE ROAD	
CITY/ST/ZIP/CO:	MEMPHIS, TN 38120	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	T MICHAEL GLENN	
TITLE:	CHAIRMAN	
ADDRESS:	942 S SHADY GROVE ROAD	
CITY/ST/ZIP/CO:	MEMPHIS, TN 38120	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MARK A MCGOUGH	
TITLE:	SVP/CFO	
ADDRESS:	942 SOUTH SHADY GROVE ROAD	
CITY/ST/ZIP/CO:	MEMPHIS, TN 38120	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	ROBERT T MOLINET	
TITLE:	SECRETARY	
ADDRESS:	942 S SHADY GROVE ROAD	
CITY/ST/ZIP/CO:	MEMPHIS, TN 38120	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ALAN B. GRAF, JR.	
TITLE:	DIRECTOR	
ADDRESS:	942 SOUTH SHADY GROVE ROAD	
CITY/ST/ZIP/CO:	MEMPHIS, TN 38120	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTINE P. RICHARDS 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:	FREDERICK W. SMITH 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:	MICHAEL C. LENZ 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:	JAMES H. FERGUSON VP & ASST. SEC. 942 SOUTH SHADY GROVE ROAD MEMPHIS, TN 38120	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTOPHER B. WOOD VICE PRESIDENT 1790 KIRBY PARKWAY MEMPHIS, TN 38138	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GEORGE C. ZETTLER VICE PRESIDENT 3660 HACKS CROSS ROAD MEMPHIS, TN 38125	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	D. JOHN JACKSON VICE PRESIDENT 3660 HACKS CROSS ROAD MEMPHIS, TN 38125	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAY L. COFIELD VP & ASST.TREAS 3630 HACKS CROSS ROAD MEMPHIS, TN 38125	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DONNA R HUMPHREYS VICE PRESIDENT 50 FEDEX PARKWAY COLLIERVILLE, TN 38017	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BETTY M. HALE VICE PRESIDENT 3680 HACKS CROSS ROAD MEMPHIS, TN 38125	<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:	JENNIFER L. JOHNSON ASST TREASURER 1790 KIRBY PARKWAY MEMPHIS, TN 38138	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHERRI R. SWINDLE 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:	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:	HERBERT C. NAPIER 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:	RENE BUSTAMANTE 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:	JOHN D. HARTNEY 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:	D. MARK CONNELL 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:	J. RICK BATEMAN 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:	JUDI L. GRIFFIN-GILDER ASST TREASURER 1790 KIRBY PARKWAY SUITE 300 MEMPHIS, TN 38138	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HUGH A. SKINNER 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:	KATHRYN R. YOUNG ASST TREASURER 1790 KIRBY PARKWAY SUITE 300 MEMPHIS, TN 38138	<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.

<u>/s/ ROBERT T MOLINET</u>	<u>ROBERT T MOLINET, SECRETARY</u>	<u>4/25/2014</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.