


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90198 040 ***150.00

DOCUMENT # F96000002277


1. Entity Name
UNIVAR NORTH AMERICA CORPORATION



Principal Place of Business Mailing Address
~~P.O. BOX 34325~~ P.O. BOX 34325
~~SEATTLE, WA 98124-1325~~ SEATTLE, WA 98124-1325

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
17425 NE Union Hill Rd
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Redmond, W.A.
 Zip Country Zip Country
98052 **USA**



01082007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

4. FEI Number Applied For
91-0816142 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT WELCH, MICHAEL 6100 CARILLON POINT KIRKLAND, WA 98033 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 17425 NE Union Hill Rd Redmond, WA 98052
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPGC HEINZ, PETER D 6100 CARILLON POINT KIRKLAND, WA 98033 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 500 108TH AVE NE STE 2200 BELLEVUE, WA 98004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRUITT, GARY E 500 108TH AVE NE STE 2200 BELLEVUE, WA 98004 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT MIRABELLI, FRANK J 6100 CARILLON POINT KIRKLAND, WA 98033 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 17425 NE Union Hill Rd Redmond, WA 98052
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FALLON, THOMAS 500 108TH AVENUE NE STE 2200 BELLEVUE, WA 98004 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KESAKABE, PENNY 6100 CARILLON POINT KIRKLAND, WA 98033 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 17425 NE Union Hill Rd Redmond, WA 98052

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael J. Welch Michael J. Welch 1/8/07 425 889-3400
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
ASST. TREAS.