

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P34258

FILED
Apr 18, 2007
Secretary of State

Entity Name: C. H. ROBINSON INTERNATIONAL, INC.

Current Principal Place of Business:

8100 MITCHELL RD.
SUITE 200
EDEN PRAIRIE, MN 55344 US

New Principal Place of Business:

Current Mailing Address:

ATTN: LEGAL DEPT
8100 MITCHELL RD SUITE 200
EDEN PRAIRIE, MN 55344 US

New Mailing Address:

FEI Number: 41-1645183 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

C.T. CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: RENNER, TROY
Address: 8100 MITCHELL RD.
City-St-Zip: EDEN PRAIRIE, MN 55344

Title: V () Delete
Name: LINDBLOOMY, CHAD
Address: 8100 MITCHELL RD.
City-St-Zip: EDEN PRAIRIE, MN 55344

Title: V () Delete
Name: ANDERSON, GORDON
Address: 8100 MITCHELL RD STE-200
City-St-Zip: EDEN PRAIRIE, MN 55344

Title: VDS () Delete
Name: FEUSS, LINDA
Address: 8100 MITCHELL ROAD, SUITE 200
City-St-Zip: EDEN PRARIE, MN 55344

Title: PD () Delete
Name: SCOVILL, JEFF
Address: 8100 MITCHELL ROAD, SUITE 200
City-St-Zip: EDEN PRARIE, MN 55344

Title: V () Delete
Name: JOHNSON, DIANE
Address: 8100 MITCHELL RD
City-St-Zip: EDEN PARIE, MN 55344

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: LINDBLOOM, CHAD
Address: 8100 MITCHELL RD.
City-St-Zip: EDEN PRAIRIE, MN 55344

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TROY RENNER

T

04/18/2007

Electronic Signature of Signing Officer or Director

_____ Date