

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P34258 (4)**

1. Corporation Name  
**C. H. ROBINSON INTERNATIONAL, INC.**



Principal Place of Business: **8100 MITCHELL RD. SUITE 200 EDEN PRAIRIE MN 55344**  
Mailing Address: **ATTN: LEGAL DEPT 8100 MITCHELL RD SUITE 200 EDEN PRAIRIE MN 55344 US**

3. Date Incorporated or Qualified: **06/11/1991**  
3a. Date of Last Report: **02/16/1995**  
4. FEI Number: **41-1645183**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip  
24. Country  
25. Mailing Address  
26. Suite, Apt. #, etc.  
27. City & State  
28. Zip  
29. Country  
30.

9. Name and Address of Current Registered Agent  
**MULVEHILL, JOE  
9960 NW 116 WAY  
SUITE 9  
MEDLEY FL 33178**

10. Name and Address of New Registered Agent  
81. Name: **Mulvehill, Joe**  
82. Street Address (P.O. Box Number is Not Acceptable): **10051 N.W. 99th Avenue**  
83. Suite: **Suite 5**  
84. City: **Medley** FL 85. Zip Code: **33178**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> DELETE
NAME	BUTZOW, BARRY	
STREET ADDRESS	8100 MITCHELL RD.	
CITY-ST-ZIP	EDEN PRAIRIE MN	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	MADEJ, BERNARD	
STREET ADDRESS	8100 MITCHELL RD.	
CITY-ST-ZIP	EDEN PRAIRIE MN	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	MCCONKEY, DUANE	
STREET ADDRESS	8100 MITCHELL RD.	
CITY-ST-ZIP	EDEN PRAIRIE MN	
TITLE	P	<input type="checkbox"/> DELETE
NAME	INGRAM, ROBERT	
STREET ADDRESS	8100 MITCHELL RD.	
CITY-ST-ZIP	EDEN PRAIRIE MN	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MULVEHILL, JOE	
STREET ADDRESS	8100 MITCHELL RD	
CITY-ST-ZIP	EDEN PRAIRIE MN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Duane McConkey **Duane McConkey, Sec/Treas.** 1/19/96 (612)937-8500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)