

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P34258

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

**Current Principal Place of Business:**

14701 CHARLSON ROAD  
EDEN PRAIRIE, MN 55347

**Current Mailing Address:**

14701 CHARLSON ROAD  
EDEN PRAIRIE, MN 55347 US

**FEI Number:** 41-1645183

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*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

**Officer/Director Detail :**

Title           TREASURER  
Name           SCHOENROCK, BRENT  
Address        14701 CHARLSON ROAD  
City-State-Zip: EDEN PRAIRIE MN 55347

Title           DIRECTOR, SECRETARY  
Name           CAMPBELL, BEN  
Address        14701 CHARLSON ROAD  
City-State-Zip: EDEN PRAIRIE MN 55347

Title           PRESIDENT, DIRECTOR  
Name           SHORT, MIKE  
Address        14701 CHARLSON ROAD  
City-State-Zip: EDEN PRAIRIE MN 55347

Title           DIRECTOR  
Name           ZECHMEISTER, MICHAEL  
Address        14701 CHARLSON ROAD  
City-State-Zip: EDEN PRAIRIE MN 55347

Title           VP  
Name           BIDWELL, BEN  
Address        14701 CHARLSON ROAD  
City-State-Zip: EDEN PRAIRIE MN 55347

Title           VP  
Name           MCCARTHY, JOHN  
Address        14701 CHARLSON ROAD  
City-State-Zip: EDEN PRAIRIE MN 55347

Title           ASSISTANT SECRETARY  
Name           GERST, CHRISTOPHER  
Address        14701 CHARLSON ROAD  
City-State-Zip: EDEN PRAIRIE MN 55347

*I hereby 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 all other like empowered.*

**SIGNATURE: BEN CAMPBELL**

**SECRETARY**

**04/28/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date