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**Jan 24 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 55344-2231 US
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3. Date Incorporated or Qualified 06/11/1991	3a. Date of Last Report 01/25/1996
4. FEI Number 41-1645183	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**MULVEHILL, JOE
10051 NW 99TH AVENUE
SUITE 5
MEDLEY FL 33178**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
1.2 NAME Gordon Anderson	
1.3 STREET ADDRESS 8100 Mitchell Road, #200 Eden Prairie, MN 55344	
1.4 CITY-ST-ZIP	
2.1 TITLE V	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
2.2 NAME Linda Boyle	
2.3 STREET ADDRESS 2803 Butterfield Road Oak Brook, IL 60521	
2.4 CITY-ST-ZIP	
3.1 TITLE V	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
3.2 NAME Diane Johnson	
3.3 STREET ADDRESS 8100 Mitchell Road, #200 Eden Prairie, MN 55344	
3.4 CITY-ST-ZIP	
4.1 TITLE AS	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
4.2 NAME Owen P. Gleason	
4.3 STREET ADDRESS 8100 Mitchell Road, #200 Eden Prairie, MN 55344	
4.4 CITY-ST-ZIP	
5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, Sec/Treas.** 1/10/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (9/96)