

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 06/11/1991	
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV <input type="checkbox"/> DELETE	1.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUTZOW, BARRY	1.2 NAME	Owen P. Gleason
STREET ADDRESS	8100 MITCHELL RD.	1.3 STREET ADDRESS	8100 Mitchell Road
CITY-ST-ZIP	EDEN PRAIRIE MN	1.4 CITY-ST-ZIP	Eden Prairie, MN 55344
TITLE	DV <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MADEJ, BERNARD	2.2 NAME	Greg Goven
STREET ADDRESS	8100 MITCHELL RD.	2.3 STREET ADDRESS	8100 Mitchell Road
CITY-ST-ZIP	EDEN PRAIRIE MN	2.4 CITY-ST-ZIP	Eden Prairie, MN 55344
TITLE	DST <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCONKEY, DUANE	3.2 NAME	Tom Jostes
STREET ADDRESS	8100 MITCHELL RD.	3.3 STREET ADDRESS	8100 Mitchell Road
CITY-ST-ZIP	EDEN PRAIRIE MN	3.4 CITY-ST-ZIP	Eden Prairie, MN 55344
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	INGRAM, ROBERT	4.2 NAME	Dale S. Hanson
STREET ADDRESS	8100 MITCHELL RD.	4.3 STREET ADDRESS	8100 Mitchell Road
CITY-ST-ZIP	EDEN PRAIRIE MN	4.4 CITY-ST-ZIP	Eden Prairie, MN 55344
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MULVEHILL, JOE	5.2 NAME	Gordon Anderson
STREET ADDRESS	8100 MITCHELL RD	5.3 STREET ADDRESS	8100 Mitchell Road
CITY-ST-ZIP	EDEN PRAIRIE MN	5.4 CITY-ST-ZIP	Eden Prairie, MN 55344
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Diame Johnson
STREET ADDRESS		6.3 STREET ADDRESS	8100 Mitchell Road
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Eden Prairie, MN 55344

14. I 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; 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: _____ DATE: 4/13/98

CR2E034 (10/97)