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Apr 29, 1999 8:00 am
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04-29-1999 90140 019 ***150.00

04-69355

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P34258

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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25

2a. Mailing Address
 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

3. Date Incorporated or Qualified
06/11/1991

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 owes the current year Intangible Personal Property Tax. Yes 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 **C.T. Corporation System**
 82 Street Address (P.O. Box Number is Not Acceptable) **1200 S. Pine Island Road**
 83 City **Plantation** 84 State **FL** 85 Zip Code **33324**

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 *Michele R. Justesen, Asst. Secy.* **Michele R. Justesen, Asst. Secy.** DATE **4-27-99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D	<input type="checkbox"/> DELETE
NAME	GOVEN, GREG	
STREET ADDRESS	8100 MITCHELL RD.	
CITY-ST-ZIP	EDEN PRAIRIE MN 55344	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOSTES, TOM	
STREET ADDRESS	8100 MITCHELL RD.	
CITY-ST-ZIP	EDEN PRAIRIE MN 55344	
TITLE	P	<input checked="" 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	V	<input type="checkbox"/> DELETE
NAME	JOHNSON, DIANE	
STREET ADDRESS	8100 MITCHELL RD	
CITY-ST-ZIP	EDEN PRAIRIE MN 55344	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Gleason, Owen P.	
1.3 STREET ADDRESS	8100 Mitchell Road, Ste.200	
1.4 CITY-ST-ZIP	Eden Prairie, MN 55344	
2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Wiehoff, John P.	
2.3 STREET ADDRESS	8100 Mitchell Road, Ste. 200	
2.4 CITY-ST-ZIP	Eden Prairie, MN 55344	
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Anderson, Gordon	
3.3 STREET ADDRESS	8100 Mitchell Road, Ste. 200	
3.4 CITY-ST-ZIP	Eden Prairie, MN 55344	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Mulvehill, Joseph J.	
5.3 STREET ADDRESS	8100 Mitchell Road, Ste. 200	
5.4 CITY-ST-ZIP	Eden Prairie, MN 55344	
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 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, with all other like empowered.

SIGNATURE: *Owen P. Gleason* **Owen P. Gleason, Secretary** 4/26/99 (612) 937-8500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)