

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 11:34

DOCUMENT # 828723 (7)
1. Corporation Name
C.H. ROBINSON COMPANY

Principal Place of Business Mailing Address
8100 MITCHELL ROAD, SUITE 200 8100 MITCHELL ROAD, SUITE 200
ATTN: HEIDI HOSNER/ LEGAL ATTN: HEIDI HOSNER/ LEGAL
EDEN PRAIRIE MN 55344 EDEN PRAIRIE MN 55344

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/26/1972 3a. Date of Last Report 05/17/1994

2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21	8100 MITCHELL RD. STE. 200	26	8100 MITCHELL RD. STE. 200	41-0680048	Not Applicable
22. Suite, Apt. #, etc. ATTN: LEGAL DEPT.		27. Suite, Apt. #, etc. ATTN: LEGAL DEPT.		5. Certificate of Status Desired	\$8.75 Additional Fees Required
23. City & State EDEN PRAIRIE, MN		28. City & State EDEN PRAIRIE, MN		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24. Zip 55344	25. Country U.S.A.	29. Zip 55344	30. Country U.S.A.	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

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

Signature, Name and printed name of registered agent and title of officeholder.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	V
NAME	BAKER, LOOE
STREET ADDRESS	8100 MITCHELL RD #200
CITY- ST- ZIP	EDEN PRAIRIE MN
TITLE	S
NAME	MCCONKEY, DUANE L
STREET ADDRESS	8100 MITCHELL ROAD
CITY- ST- ZIP	EDEN PRAIRIE MN
TITLE	VT
NAME	HANSON, DALE
STREET ADDRESS	8100 MITCHELL RD #200
CITY- ST- ZIP	EDEN PRAIRIE MN
TITLE	PD
NAME	VERDOORN, D R
STREET ADDRESS	8100 MITCHELL RD #200
CITY- ST- ZIP	EDEN PRAIRIE MN
TITLE	VD
NAME	BUTZOW, BARRY
STREET ADDRESS	8100 MITCHELL RD #200
CITY- ST- ZIP	EDEN PRAIRIE MN
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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	SV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MCCONKEY, DUANE L.
2.3 STREET ADDRESS	8100 MITCHELL ROAD
2.4 CITY- ST- ZIP	EDEN PRAIRIE, MN
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	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	GLEASON, OWEN P.
6.3 STREET ADDRESS	8100 MITCHELL ROAD
6.4 CITY- ST- ZIP	EDEN PRAIRIE, MN

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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

Duane L. McConkey, Secretary

2/02/95 (612) 937-8500