

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **828723** (7)

1. Corporation Name
C.H. ROBINSON COMPANY



Principal Place of Business: **8100 MITCHELL ROAD, SUITE 200 ATTN: LEGAL DEPT EDEN PRAIRIE MN 55344 US**
Mailing Address: **8100 MITCHELL ROAD, SUITE 200 ATTN: LEGAL DEPT EDEN PRAIRIE MN 55344 US**

3. Date Incorporated or Qualified: **09/26/1972**
3a. Date of Last Report: **02/21/1995**
4. FEI Number: **41-0680048**
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 has liability for intangible tax under s 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	BAKER, LOOE	
STREET ADDRESS	8100 MITCHELL RD #200	
CITY - ST - ZIP	EDEN PRAIRIE MN	
TITLE	SV	<input type="checkbox"/> DELETE
NAME	MCCONKEY, DUANE L	
STREET ADDRESS	8100 MITCHELL ROAD	
CITY - ST - ZIP	EDEN PRAIRIE MN	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	HANSON, DALE	
STREET ADDRESS	8100 MITCHELL RD #200	
CITY - ST - ZIP	EDEN PRAIRIE MN	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	VERDOORN, D R	
STREET ADDRESS	8100 MITCHELL RD #200	
CITY - ST - ZIP	EDEN PRAIRIE MN	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BUTZOW, BARRY	
STREET ADDRESS	8100 MITCHELL RD #200	
CITY - ST - ZIP	EDEN PRAIRIE MN	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GLEASON, OWEN P.	
STREET ADDRESS	8100 MITCHELL ROAD	
CITY - ST - ZIP	EDEN PRAIRIE MN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 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* **Duane McConkey, Secretary** 1/18/96 (612) 937-8500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)