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**Jan 23 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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 55344-2231  
US**

3. Date Incorporated or Qualified <b>09/26/1972</b>	3a. Date of Last Report <b>01/25/1996</b>
4. FEI Number <b>41-0680048</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip

25. Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip Country

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

11. Pursuant to the provisions of Sections 607.0509 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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

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

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 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included 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, VP/Secretary 1/10/97 (612) 937-**

CR2E034 (9/96)