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**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90007 017 \*\*\*150.00

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**PROFIT CORPORATION ANNUAL REPORT 1999**



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

**DOCUMENT # 828723**

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**



DO NOT WRITE IN THIS SPACE

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

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

3. Date Incorporated or Qualified  
**09/26/1972**

4. FEI Number  
**41-0680048**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required  Not Applicable

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAKER, LOOE	1.2 NAME	Goven, Greg
STREET ADDRESS	8100 MITCHELL RD #200	1.3 STREET ADDRESS	8100 Mitchell Road, Suite 200
CITY-ST-ZIP	EDEN PRAIRIE MN	1.4 CITY-ST-ZIP	Eden Prairie, MN 55344
TITLE	T	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIEHOFF, JOHN P	2.2 NAME	Wiehoff, John P.
STREET ADDRESS	8100 MITCHELL ROAD	2.3 STREET ADDRESS	8100 Mitchell Road, Suite 200
CITY-ST-ZIP	EDEN PRAIRIE MN 55344	2.4 CITY-ST-ZIP	Eden Prairie, MN 55344
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANSON, DALE	3.2 NAME	Rempe, Michael
STREET ADDRESS	8100 MITCHELL RD #200	3.3 STREET ADDRESS	8100 Mitchell Road, Suite 200
CITY-ST-ZIP	EDEN PRAIRIE MN 55344	3.4 CITY-ST-ZIP	Eden Prairie, MN 55344
TITLE	PD	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VERDOORN, D R	4.2 NAME	Jostes, Thomas
STREET ADDRESS	8100 MITCHELL RD #200	4.3 STREET ADDRESS	8100 Mitchell Road, Suite 200
CITY-ST-ZIP	EDEN PRAIRIE MN	4.4 CITY-ST-ZIP	Eden Prairie, MN 55344
TITLE	VD	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUTZOW, BARRY	5.2 NAME	Renner, Troy A.
STREET ADDRESS	8100 MITCHELL RD #200	5.3 STREET ADDRESS	8100 Mitchell Road, Suite 200
CITY-ST-ZIP	EDEN PRAIRIE MN	5.4 CITY-ST-ZIP	Eden Prairie, MN 55344
TITLE	VDS	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLEASON, OWEN P.	6.2 NAME	Mulvehill, Joseph J.
STREET ADDRESS	8100 MITCHELL ROAD	6.3 STREET ADDRESS	8100 Mitchell Road, Suite 200
CITY-ST-ZIP	EDEN PRAIRIE MN 55344	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 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: **SIGNATURE REQUIRED** Owen P. Gleason Date: 4/26/99 Daytime Phone #: (612) 937-8500

CR2E034 (11/98)