

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90085 006 ***150.00

DOCUMENT # 828723

1. Entity Name

C.H. ROBINSON COMPANY

Principal Place of Business

Mailing Address

**8100 MITCHELL ROAD, SUITE 200
 ATTN: LEGAL DEPT
 EDEN PRAIRIE MN 55344
 US**

**8100 MITCHELL ROAD, SUITE 200
 ATTN: LEGAL DEPT
 EDEN PRAIRIE MN 55344-2178
 US**

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

41-0680048

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Delete
NAME	GOVEN, GREG	
STREET ADDRESS	8100 MITCHELL RD #200	
CITY-ST-ZIP	EDEN PRAIRIE MN	
TITLE	V	<input type="checkbox"/> Delete
NAME	WIEHOFF, JOHN P	
STREET ADDRESS	8100 MITCHELL ROAD	
CITY-ST-ZIP	EDEN PRAIRIE MN 55344	
TITLE	V	<input type="checkbox"/> Delete
NAME	REMPE, MICHAEL	
STREET ADDRESS	8100 MITCHELL RD #200	
CITY-ST-ZIP	EDEN PRAIRIE MN 55344	
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	VDS	<input type="checkbox"/> Delete
NAME	GLEASON, OWEN P.	
STREET ADDRESS	8100 MITCHELL ROAD	
CITY-ST-ZIP	EDEN PRAIRIE MN 55344	

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Renner, Troy A.	
STREET ADDRESS	8100 Mitchell Road, Suite 200	
CITY-ST-ZIP	Eden Prairie, MN 55344	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wiehoff, John P	
STREET ADDRESS	8100 Mitchell Road, Suite 200	
CITY-ST-ZIP	Eden Prairie, MN 55344	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mulvehill, Joseph J.	
STREET ADDRESS	8100 Mitchell Road, Suite 200	
CITY-ST-ZIP	Eden Prairie, MN 55344	
TITLE	Chairman, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Verdoorn, DR	
STREET ADDRESS	8100 Mitchell Road, Suite 200	
CITY-ST-ZIP	Eden Prairie, MN 55344	
TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lindbloom, Chad M.	
STREET ADDRESS	8100 Mitchell Road, Suite 200	
CITY-ST-ZIP	Eden Prairie, MN 55344	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Walker, Mark	
STREET ADDRESS	8100 Mitchell Road, Suite 200	
CITY-ST-ZIP	Eden Prairie, MN 55344	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Owen P. Gleason, Secretary

3/16/00

612-937-8500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR29034 (9/99)