2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 828723

Entity Name: C.H. ROBINSON COMPANY

FILED Apr 24, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
ATTN: LEG	HELL ROAD, BAL DEPT NIRIE, MN 553					
Current Mailing Address:				New Mailing Address:		
ATTN: LEG	HELL ROAD, BAL DEPT MRIE, MN 553					
FEI Number:		FEI Number Applied For ()	FEI Numl	ber Not Appli	cable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent: Nam					Address of N	ew Registered Agent:
1200 S. PIN	DRATION SYS NE ISLAND RO DN, FL 33324	DAD				
The above in the State		submits this statement for the pu	irpose of	changing it	s registered of	ffice or registered agent, or both,
SIGNATURE:						
	Electron	ic Signature of Registered Ager	nt			Date
Election Carr	npaign Financing	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	V () LINDBLOOM, C 8100 MITCHEL EDEN PRAIRIE	L RD #200	1	Title: Name: Address: City-St-Zip:	V (X) LINDBLOOM, C 8100 MITCHELL EDEN PRAIRIE,	_ RD #200
Title: Name: Address: City-St-Zip:	P () WIEHOFF, JOH 8100 MITCHEL EDEN PRAIRIE	L RD STE 200	1	Title: Name: Address: City-St-Zip:	P (X) WIEHOFF, JOH 8100 MITCHELL EDEN PRAIRIE,	_ RD STE 200
Title: Name: Address: City-St-Zip:	V () REMPE, MICHA 8100 MITCHEL EDEN PRAIRIE	L RD #200	1	Title: Name: Address: City-St-Zip:	V (X) REMPE, MICHA 8100 MITCHELL EDEN PRAIRIE,	_ RD #200
Title: Name: Address: City-St-Zip:	CD () VERDOORN, D 8100 MITCHEL EDEN PRAIRIE	L RD #200	1	Title: Name: Address: City-St-Zip:	CD (X) VERDOORN, D 8100 MITCHELL EDEN PRAIRIE,	RD #200
Title: Name: Address: City-St-Zip:	T () RENNER, TRO' 8100 MITCHEL EDEN PRAIRIE	L RD #200	1	Title: Name: Address: City-St-Zip:	T (X) RENNER, TROY 8100 MITCHELL EDEN PRAIRIE,	_ RD #200
Title: Name: Address: City-St-Zip:	VDS () FEUSS, LINDA 8100 MITCHEL EDEN PRAIRIE		1	Title: Name: Address: City-St-Zip:	VDS (X) FEUSS, LINDA 8100 MITCHELL EDEN PRAIRIE,	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TROY RENNER T 04/24/2006