

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 828723

FILED
Apr 18, 2007
Secretary of State

Entity Name: C.H. ROBINSON COMPANY

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 41-0680048 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: LINDBLOOM, CHAD
Address: 8100 MITCHELL RD #200
City-St-Zip: EDEN PRAIRIE, MN 55344 US

Title: P () Delete
Name: WIEHOFF, JOHN P
Address: 8100 MITCHELL RD STE 200
City-St-Zip: EDEN PRAIRIE, MN 55344 US

Title: V () Delete
Name: REMPE, MICHAEL
Address: 8100 MITCHELL RD #200
City-St-Zip: EDEN PRAIRIE, MN 55344 US

Title: CD () Delete
Name: VERDOORN, D R,
Address: 8100 MITCHELL RD #200
City-St-Zip: EDEN PRAIRIE, MN 55344 US

Title: T () Delete
Name: RENNEN, TROY
Address: 8100 MITCHELL RD #200
City-St-Zip: EDEN PRAIRIE, MN 55344 US

Title: VDS () Delete
Name: FEUSS, LINDA
Address: 8100 MITCHELL ROAD
City-St-Zip: EDEN PRAIRIE, MN 55344 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CD (X) Change () Addition
Name: WIEHOFF, JOHN P
Address: 8100 MITCHELL RD #200
City-St-Zip: EDEN PRAIRIE, MN 55344 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 RENNEN

Electronic Signature of Signing Officer or Director

T

04/18/2007

_____ Date