

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 828723

FILED
Apr 03, 2012
Secretary of State

Entity Name: C.H. ROBINSON COMPANY

Current Principal Place of Business:

14701 CHARLSON RD.
1400
EDEN PRAIRIE, MN 55347 US

New Principal Place of Business:

Current Mailing Address:

14701 CHARLSON RD.
1400
EDEN PRAIRIE, MN 55347 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:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

OFFICERS AND DIRECTORS:

Title: V
Name: LINDBLOOM, CHAD
Address: 14701 CHARLSON ROAD, SUITE 1400
City-St-Zip: EDEN PRAIRIE, MN 55347 US

Title: P
Name: WIEHOFF, JOHN P
Address: 14701 CHARLSON ROAD, SUITE 1400
City-St-Zip: EDEN PRAIRIE, MN 55347 US

Title: V
Name: BUTTS, JAMES
Address: 14701 CHARLSON ROAD, SUITE 1400
City-St-Zip: EDEN PRAIRIE, MN 55347 US

Title: CD
Name: WIEHOFF, JOHN P
Address: 14701 CHARLSON ROAD, SUITE 1400
City-St-Zip: EDEN PRAIRIE, MN 55347 US

Title: T
Name: RENNER, TROY
Address: 14701 CHARLSON ROAD, SUITE 1400
City-St-Zip: EDEN PRAIRIE, MN 55347 US

Title: VDS
Name: CAMPBELL, BEN
Address: 14701 CHARLSON ROAD, SUITE 1400
City-St-Zip: EDEN PRAIRIE, MN 55347 US

I hereby 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 all other like empowered.

SIGNATURE: TROY RENNER

T

04/03/2012

Electronic Signature of Signing Officer or Director

_____ Date