

FILED
Jun 09, 2003 8:00 am
Secretary of State

06-09-2003 90117 016 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 828723

1. Entity 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**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

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

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	GOVEN, GREG	
STREET ADDRESS	8100 MITCHELL RD #200	
CITY-ST-ZIP	EDEN PRAIRIE MN	
TITLE	P	<input type="checkbox"/> Delete
NAME	WIEHOFF, JOHN P	
STREET ADDRESS	8100 MITCHELL RD STE 200	
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	CD	<input type="checkbox"/> Delete
NAME	VERDOORN, D R	
STREET ADDRESS	8100 MITCHELL RD #200	
CITY-ST-ZIP	EDEN PRAIRIE MN 55344	
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Stanley R. Renner **REQUITTED** Renner **REQUITTED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-30-03 Daytime Phone #: (952) 937-8500

CR2E034 (10/02)