## 2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000005218

Entity Name: CROWLEY LOGISTICS, INC.

**Current Principal Place of Business:** 

9487 REGENCY SQUARE BLVD. JACKSONVILLE, FL 32225

**Current Mailing Address:** 

9487 REGENCY SQUARE BLVD. JACKSONVILLE, FL 32225 US

FEI Number: 94-3300399 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US

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

FILED Jan 24, 2018

**Secretary of State** 

CC8950278693

## Officer/Director Detail:

Title	CHAIRMAN OF THE BOARD	Title	DIRECTOR, ASSISTANT SECRETARY
Name	CROWLEY, THOMAS BANNON JR	Name	MEAD, ARTHUR FERGUSON III
Address	555 12TH STREET, SUITE 2130	Address	9487 REGENCY SQUARE BLVD.
City-State-7in	OAKLAND CA 94607	City-State-Zip:	JACKSONVILLE FL 32225

Title DIRECTOR, SENIOR VICE PRESIDENT Title VP, TREASURER

NameLARKIN, FRANK EDWARD IINameWARNER, DANIEL LONGFELLOWAddress9487 REGENCY SQUARE BLVD.Address9487 REGENCY SQUARE BLVDCity-State-Zip:JACKSONVILLE FL 32225City-State-Zip:JACKSONVILLE FL 32225

Title SECRETARY Title CUSTOMS COMPLIANCE OFFICER

Name MCCLELLAN, KERRI ANN Name BUSTAMANTE, CHRISTIAN LEONEL

Address 9487 REGENCY SQUARE BLVD. Address 9950 NW 17TH STREET

City-State-Zip: JACKSONVILLE FL 32225 City-State-Zip: DORAL FL 33172

Title ASSISTANT TREASURER Title ASSISTANT TREASURER

Name SMITH, BRYAN CARROLL Name GRIGLIONE, MICHAEL ALAN

Address 9487 REGENCY SQUARE BLVD. Address 15894 DIPLOMATIC PLAZA DRIVE

City-State-Zip: JACKSONVILLE FL 32225 City-State-Zip: HOUSTON TX 77032

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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: KERRI ANN MCCLELLAN

**SECRETARY** 

01/24/2018

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title CUSTOMS COMPLIANCE OFFICER

Name PELAEZ, ALICIA

Address 10502 NW 108TH AVENUE

City-State-Zip: MIAMI FL 33178

Title ASSISTANT TREASURER

Name HIMES, JR., NORMAN STEPHEN

Address 9487 REGENCY SQUARE BLVD

City-State-Zip: JACKSONVILLE FL 32225

Title OTI COMPLIANCE OFFICER
Name CORMIER, RENE JOSEPH

Address 9487 REGENCY SQUARE BLVD.

City-State-Zip: JACKSONVILLE FL 32225

Title ASSISTANT TREASURER

Name LEGG, JENNIFER POPE

Address 9487 REGENCY SQUARE BLVD

City-State-Zip: JACKSONVILLE FL 32225

Title OTI- COMPLIANCE OFFICER

Name PHILLIPS, EMMA LOUISE

Address 9487 REGENCY SQUARE BLVD

City-State-Zip: JACKSONVILLE FL 32225