

2013 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.
C/O BRUCE LOVE
JACKSONVILLE, FL 32225**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**Officer/Director Detail :**

Title	DCOB
Name	CROWLEY, THOMAS B. JR.
Address	555 12TH STREET, SUITE 2130
City-State-Zip:	OAKLAND CA 94607

Title	DAS
Name	MEAD, ARTHUR F III
Address	9487 REGENCY SQUARE BLVD.
City-State-Zip:	JACKSONVILLE FL 32225

Title	DSVP
Name	LARKIN, FRANK
Address	9487 REGENCY SQUARE BLVD.
City-State-Zip:	JACKSONVILLE FL 32225

Title	VPT
Name	WARNER, DANIEL L
Address	9487 REGENCY SQUARE BLVD
City-State-Zip:	JACKSONVILLE FL 32225

Title	SEC
Name	LOVE, BRUCE
Address	9487 REGENCY SQUARE BLVD.
City-State-Zip:	JACKSONVILLE FL 32225

Title	CCO
Name	BUSTAMANTE, CHRIS
Address	9950 NW 17TH STREET
City-State-Zip:	MIAMI FL 33166

Title	OTI COMPLIANCE OFFICER
Name	SMITH, GREG
Address	9487 REGENCY SQUARE BLVD.
City-State-Zip:	JACKSONVILLE FL 32225

Title	ASST. TREASURER
Name	SALLAH, MOMODOU
Address	9487 REGENCY SQUARE BLVD.
City-State-Zip:	JACKSONVILLE FL 32225

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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: BRUCE LOVE**SECRETARY****04/23/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	ASST. TREASURER
Name	SMITH, BRYAN
Address	9487 REGENCY SQUARE BLVD.
City-State-Zip:	JACKSONVILLE FL 32225