

**2019 FOREIGN PROFIT CORPORATION AMENDED 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

**Officer/Director Detail :**

Title CHAIRMAN OF THE BOARD  
Name CROWLEY, THOMAS BANNON JR  
Address 492 9TH STREET  
STE 260  
City-State-Zip: OAKLAND CA 94607

Title DIRECTOR, SENIOR VP  
Name LARKIN, FRANCIS EDWARD II  
Address 9487 REGENCY SQUARE BLVD.  
City-State-Zip: JACKSONVILLE FL 32225

Title SECRETARY  
Name MCCLELLAN, KERRI ANN  
Address 9487 REGENCY SQUARE BLVD.  
City-State-Zip: JACKSONVILLE FL 32225

Title CUSTOMS COMPLIANCE OFFICER  
Name PELAEZ, ALICIA  
Address 9487 REGENCY SQUARE BLVD.  
City-State-Zip: JACKSONVILLE FL 32225

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

Title VP, TREASURER  
Name WARNER, DANIEL LONGFELLOW  
Address 9487 REGENCY SQUARE BLVD  
City-State-Zip: JACKSONVILLE FL 32225

Title ASSISTANT TREASURER  
Name SMITH, BRYAN CARROLL  
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

**Continues on page 2**

*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****01/14/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title ASSISTANT TREASURER  
Name HIMES, JR., NORMAN STEPHEN  
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