


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # F96000002277 1. Entity Name UNIVAR NORTH AMERICA CORPORATION	
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Principal Place of Business P.O. BOX 34325 SEATTLE, WA 98124-1325	Mailing Address P.O. BOX 34325 SEATTLE, WA 98124-1325
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01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 91-0816142	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

100000409431
 02/08/06-80095-024 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT WELCH, MICHAEL 6100 CARILLON POINT KIRKLAND, WA 98033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPGC HEINZ, PETER D 6100 CARILLON POINT KIRKLAND, WA 98033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRUITT, GARY E 500 108TH AVE NE STE 2200 BELLEVUE, WA 98004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT MIRABELLI, FRANK J 6100 CARILLON POINT KIRKLAND, WA 98033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FALLON, THOMAS 500 108TH AVENUE NE STE 2200 BELLEVUE, WA 98004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KESAKABE, PENNY 6100 CARILLON POINT KIRKLAND, WA 98033

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Michael J. Welch 1/18/06 425 889-3400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #