

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90198 040 ***150.00

DOCUMENT # F96000002277

1. Entity Name
UNIVAR NORTH AMERICA CORPORATION



Principal Place of Business
~~P.O. BOX 34325~~
~~SEATTLE, WA 98124-1325~~

Mailing Address
P.O. BOX 34325
SEATTLE, WA 98124-1325



2. Principal Place of Business - No P.O. Box #
17425 NE Union Hill Rd
Suite, Apt. #, etc.

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

01082007 Chg-P CR2E034 (12/06)

City & State
Redmond, WA
Zip
98052
Country
USA

City & State
Zip
Country

4. FEI Number
91-0816142
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	17425 NE Union Hill Rd	
CITY-ST-ZIP	Redmond, WA 98052	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	500 108TH AVE NE STE 2200	
CITY-ST-ZIP	Bellevue, WA 98004	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	17425 NE Union Hill Rd	
CITY-ST-ZIP	Redmond, WA 98052	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	17425 NE Union Hill Rd	
CITY-ST-ZIP	Redmond, WA 98052	

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael J. Welch
ASSIT. TREAS.

1/8/07
Date

425 889-3400
Daytime Phone #