FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P10182 (4)

1. Corporation Name
EXPEDITORS INTERNATIONAL OF WASHINGTON, INC.

Principal Place of Business
19119 16TH AVE. SOUTH
P.O. BOX 69620 (98168)
SEATTLE WA 98188

Mailing Address
19119 16TH AVE. SOUTH
P.O. BOX 69620 (98168)
SEATTLE WA 98168

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 05/19/1986
3a. Date of Last Report: 04/28/1995
4. FEI Number: 91-1069248 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	V	☐ DELETE
NAME	LINCOLN, DAVID M.	
STREET ADDRESS	618 S.W. 294TH	
CITY-ST-ZIP	FEDERAL WAY WA	
TITLE	CFOT	☐ DELETE
NAME	GATES, R. JORDAN	
STREET ADDRESS	19119-16TH AVE S.	
CITY-ST-ZIP	SEATTLE WA	
TITLE	V	☒ DELETE
NAME	CHIARITO, ROBERT J.	
STREET ADDRESS	6067 MILLPRIDGE LANE	
CITY-ST-ZIP	LISLE IL	
TITLE	PD	☐ DELETE
NAME	WALSH, KEVIN M.	
STREET ADDRESS	16240 SE 63RD STREET	
CITY-ST-ZIP	BELLEVUE WA	
TITLE	CD	☐ DELETE
NAME	ROSE, PETER J.	
STREET ADDRESS	425 SW 295TH PLACE	
CITY-ST-ZIP	REDONDA WA	
TITLE	V	☐ DELETE
NAME	ALGER, GLENN M.	
STREET ADDRESS	3806 134TH AVENUE N. E.	
CITY-ST-ZIP	BELLEVUE WA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	V.P.-General Counsel & Secretary	☐ Change ☒ Addition
3.2 NAME	Jeffrey J. King	
3.3 STREET ADDRESS	19119-16th Avenue, South	
3.4 CITY-ST-ZIP	Seattle, WA 98188	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Jeffrey J. King, V.P. 4/30/96 (206) 246-3711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)