

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90111 010 ***150.00

DOCUMENT # P10182

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 98188

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/19/1986

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 **1015 Third Avenue**
Suite, Apt. #, etc.

2a. Mailing Address

26 **1015 Third Avenue**
Suite, Apt. #, etc.

22 **12th Floor**

27 **12th Floor**

City & State

23 **Seattle, WA**

City & State

28 **Seattle, WA**

Zip

24 **98104**

Country

Zip

29 **98104**

Country

30

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

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

(NOTE: Registered Agent signature required when reinstating)

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 **VPGC** ☐ DELETE

NAME **JEFFREY J. KING**
STREET ADDRESS **19119-16TH AVENUE SOUTH**
CITY-ST-ZIP **SEATTLE WA**

TITLE **PD** ☐ DELETE

NAME **WALSH, KEVIN M.**
STREET ADDRESS **19119 16TH AVE. S.**
CITY-ST-ZIP **SEATTLE WA**

TITLE **CD** ☐ DELETE

NAME **ROSE, PETER J.**
STREET ADDRESS **19119 16TH AVE. S.**
CITY-ST-ZIP **SEATTLE WA**

TITLE **V** ☐ DELETE

NAME **ALGER, GLENN M.**
STREET ADDRESS **19119 16TH AVE. S.**
CITY-ST-ZIP **SEATTLE WA**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS **1015 Third Ave., 12th Floor**
1.4 CITY-ST-ZIP **Seattle, WA 98104**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS **1015 Third Ave., 12th Floor**
2.4 CITY-ST-ZIP **Seattle, WA 98104**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS **1015 Third Ave., 12th Floor**
3.4 CITY-ST-ZIP **Seattle, WA 98104**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS **1015 Third Ave., 12th Floor**
4.4 CITY-ST-ZIP **Seattle, WA 98104**

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS **1015 Third Ave., 12th Floor**
5.4 CITY-ST-ZIP **Seattle, WA 98104**

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS **1015 Third Ave., 12th Floor**
6.4 CITY-ST-ZIP **Seattle, WA 98104**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

R. J. ROSE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99
Date

(206) 674 3427
Daytime Phone

CR2E034 (1/98)