## **2002 UNIFORM BUSINESS REPORT (UBR)**

## May 24, 2002 8:00 am § Secretary of State **FILED** DOCUMENT # P10182 1. Entity Name EXPEDITORS INTERNATIONAL OF WASHINGTON, INC. 05-24-2002 90555 024 \*\*\*150.00 Principal Place of Business Mailing Address 1015 THIRD AVE 1015 THIRD AVE 12TH FLR 12TH FLR SEATTLE WA 98104 SEATTLE WA 98104 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 91-1069248 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS 11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Change Addition LINCOLN, DAVID M. NAME NAME STREET ADDRESS 1015 THIRD AVE -12TH FLR STREET ADDRESS SEATTLE WA 98104 CITY-ST-ZIP CITY-ST-ZIP VCTD TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME GATES, R. JORDAN NAME STREET ADDRESS 1015 THIRD AVE -12TH FLR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SEATTLE WA 98104 TITLE TITLE SVBS Delete Addition ☐ Change NAME JEFFREY J. KING NAME STREET ADDRESS 1015 THIRD AVE -12TH FLR STREET ADDRESS CITY-ST-ZIP SEATTLE WA 98104 CITY-ST-ZIP VCC TITLE ☐ Delete TITLE Change Addition LYNCH, CHARLES J NAME NAME STREET ADDRESS 1015 THIRD AVE -12TH FLR STREET ADDRESS CITY-ST-ZIP SEATTLE WA 98104 CITY-ST-ZIP CD TITLE ☐ Delete TITLE ☐ Change ☐ Addition ROSE, PETER J. NAME NAME STREET ADDRESS 1015 THIRD AVE -12TH FLR STREET ADDRESS CITY-ST-ZIP SEATTLE WA 98104 CITY-ST-ZIP PC00 TITLE ☐ Delete TITLE ☐ Change ☐ Addition ALGER, GLENN M. NAME NAME STREET ADDRESS 1015 THIRD AVE -12TH FLR STREET ADDRESS

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13. 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 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 11 or Block 12 if

SIGNATURE:

SEATTLE WA 98104

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SIGNATURE A ID TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

address, with all other like empowered

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