



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90167 019 \*\*\*150.00

<b>DOCUMENT # P10182</b> 1. Entity Name EXPEDITORS INTERNATIONAL OF WASHINGTON, INC.					
Principal Place of Business 1015 THIRD AVE 12TH FLR SEATTLE, WA 98104			Mailing Address 1015 THIRD AVE 12TH FLR SEATTLE, WA 98104		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>91-1069248</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 S. 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 <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SV KUSSER, JEFFREY S. 1015 THIRD AVE. 12TH FLOOR SEATTLE, WA 98104		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SV MUSSEY, JEFFREY S. 1015 THIRD AVE. 12th FL.	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVCT GATES, R. JORDAN 1015 THIRD AVE -12TH FLR SEATTLE, WA 98104		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVBS JEFFREY J. KING 1015 THIRD AVE -12TH FLR SEATTLE, WA 98104		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVCC LYNCH, CHARLES J 1015 THIRD AVE -12TH FLR SEATTLE, WA 98104		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD ROSE, PETER J. 1015 THIRD AVE -12TH FLR SEATTLE, WA 98104		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCOO ALGER, GLENN M. 1015 THIRD AVE -12TH FLR SEATTLE, WA 98104		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
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: 			Date <b>4/28/06</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		