


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90070 005 ***150.00

DOCUMENT # P11844
 1. Entity Name
 UNIVAR USA INC.



Principal Place of Business
 6100 CARILLON POINT
 KIRKLAND, WA 98033 US


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

2. Principal Place of Business
 Suite, Apt. #, etc.

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

City & State
 Zip Country

City & State
 Zip Country



01122004 Chg-P CR2E034 (10/03)

4. FEI Number
 91-1347935 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 _____ DATE _____
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
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VPIS	<input type="checkbox"/> Delete
NAME	RIEMATH, ROBERT J	
STREET ADDRESS	6100 CARILLION POINT	
CITY-ST-ZIP	KIRKLAND, WA 98033	
TITLE	V	<input type="checkbox"/> Delete
NAME	HECKENBERG, BRUCE	
STREET ADDRESS	6100 CARILLON PT	
CITY-ST-ZIP	KIRKLAND, WA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Warren T. Hill	
STREET ADDRESS	6100 Carillon Point	
CITY-ST-ZIP	Kirkland, WA 98033	
TITLE	SR. VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frank Mirabelli	
STREET ADDRESS	6100 Carillon Point	
CITY-ST-ZIP	Kirkland, WA 98033	
TITLE	V.P. Controller	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeanette Douglas	
STREET ADDRESS	6100 Carillon Point	
CITY-ST-ZIP	Kirkland, WA 98033	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Perry Kusakabe	
STREET ADDRESS	6100 Carillon Point	
CITY-ST-ZIP	Kirkland, WA 98033	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas Gatas	
STREET ADDRESS	6100 Carillon Point	
CITY-ST-ZIP	Kirkland, WA 98033	
TITLE	ASSISTANT TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Welch	
STREET ADDRESS	6100 Carillon Point	
CITY-ST-ZIP	Kirkland, WA 98033	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael J. Welch Michael Welch 1/12/04 425 889-3687
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 ASSIT. TREAS.