


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90019 049 ***150.00

DOCUMENT # P11844 1. Entity Name UNIVAR USA INC.	
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Principal Place of Business 6100 CARILLON POINT KIRKLAND, WA 98033 US	Mailing Address P O BOX 34325 SEATTLE, WA 98124-1325 US
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DO NOT WRITE IN THIS SPACE



03082005 No Chg-P CR2E034 (10/03)

4. FEI Number 91-1347935	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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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, 2005 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
NAME	RIEMATH, ROBERT J
STREET ADDRESS	6100 CARILLON POINT
CITY-ST-ZIP	KIRKLAND, WA 98033
TITLE	V
NAME	HECKENBERG, BRUCE
STREET ADDRESS	6100 CARILLON PT
CITY-ST-ZIP	KIRKLAND, WA
TITLE	PD
NAME	HILL, WARREN T
STREET ADDRESS	6100 CARILLON POINT
CITY-ST-ZIP	KIRKLAND, WA 98033
TITLE	SRVP
NAME	MIRABELLI, FRANK
STREET ADDRESS	6100 CARILLON POINT
CITY-ST-ZIP	KIRKLAND, WA 98033
TITLE	S
NAME	KUSAKABE, PERRY
STREET ADDRESS	6100 CARILLON POINT
CITY-ST-ZIP	KIRKLAND, WA 98033
TITLE	AT
NAME	WELCH, MICHAEL
STREET ADDRESS	6100 CARILLON POINT
CITY-ST-ZIP	KIRKLAND, WA 98033

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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 Date: 3/8/05 Daytime Phone #: 425-881-3400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael J. Welch ASSISTANT TREASURER