


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

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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01182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

000000409428
02/08/06-80095-023 150.00

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

**DO NOT WRITE
IN THIS SPACE**

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: Michael G. Welch 1/18/06 425 889-3400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #