


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90198 039 \*\*\*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

60001950



2. Principal Place of Business - No P.O. Box #  
 17425 NE Union Hill Rd

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

01082007 Chg-P CR2E034 (12/06)

City & State  
 Redmond, WA

City & State

4. FEI Number  
 91-1347935

Applied For  
 Not Applicable

Zip  
 98052

Country  
 USA

Zip  
 Country

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 17425 NE Union Hill Rd Redmond, WA 98052
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 17425 NE Union Hill Rd Redmond, WA 98052

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 J. Welch Michael J. Welch 1/8/07 425 889-3400  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ASSIST. TREAS. Date Daytime Phone #