

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11844

FILED  
Apr 30, 2012  
Secretary of State

Entity Name: UNIVAR USA INC.

**Current Principal Place of Business:**

17425 NE UNION HILL RD  
REDMOND, WA 98052 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 34325  
SEATTLE, WA 981241325 US

**New Mailing Address:**

FEI Number: 91-1347935      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: STRIZZI, DAVID  
Address: 17425 NE UNION HILL RD  
City-St-Zip: REDMOND, WA 98052

Title: D  
Name: ZILLMER, JOHN  
Address: 17425 NE UNION HILL RD  
City-St-Zip: REDMOND, WA 98052

Title: VPD  
Name: HILL, W. TERRY  
Address: 17425 NE UNION HILL RD  
City-St-Zip: REDMOND, WA 98052

Title: VPD  
Name: NIELSEN, STEVE  
Address: 17425 NE UNION HILL ROAD  
City-St-Zip: REDMOND, WA 98052

Title: S  
Name: KUSAKABE, PERRY  
Address: 17425 NE UNION HILL ROAD  
City-St-Zip: REDMOND, WA 98052

Title: VPT  
Name: MARTIN, THOMAS P  
Address: 17425 NE UNION HILL ROAD  
City-St-Zip: REDMOND, WA 98052

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PERRY T. KUSAKABE

S

04/30/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date