## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P34258

Entity Name: C. H. ROBINSON INTERNATIONAL, INC.

FILED Apr 13, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
14701 CHARLESTON RD. 1400 EDEN PRAIRIE, MN 55347 US				14701 CHARLSON RD. 1400 EDEN PRAIRIE, MN 55347 US				
Current Mailing Address:				New Mailing Address:				
14701 CHARLESTON RD. 1400 EDEN PRAIRIE, MN 55347 US				14701 CHARLSON RD. 1400 EDEN PRAIRIE, MN 55347 US				
FEI Number: 41-1645183 FEI Number Applied For ( ) FEI Num			FEI Numb	per Not Appli	cable ( )	Certif	ficate of Status Desired ( )	
Name and	Address of Cu	Name and Address of New Registered Agent:						
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US								
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:								
		Signature of Registered Agent	t				Date	
Election Cam	paign Financing 1	Frust Fund Contribution ( ).						
OFFICERS AND DIRECTORS:			1	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	RENNER, TROY	elete N ROAD, SUITE 1400 <i>I</i> IN 55347	1	Fitle: Name: Address: City-St-Zip:	( )	) Chang	e ( ) Addition	
Title: Name: Address: City-St-Zip:	LINDBLOOM, CH.	N ROAD, SUITE 1400	1 4	Fitle: Name: Address: City-St-Zip:	( )	) Chang	e ( ) Addition	
Title: Name: Address: City-St-Zip:	ANDERSON, GOF	N ROAD, SUITE 1400	1	Fitle: Name: Address: City-St-Zip:	( )	) Chang	e ( ) Addition	
Title: Name: Address: City-St-Zip:	VDS () D FEUSS, LINDA 14701 CHARLSO EDEN PRARIE, M	N ROAD, SUITE 1400	1	Fitle: Name: Address: City-St-Zip:	CAMPBELL, BI	ÉN SON RO	ge ( ) Addition DAD, SUITE 1400 5347	
Title: Name: Address: City-St-Zip:	SCOVILL, JEFF	velete N ROAD, SUITE 1400 IN 55347	1 4	Fitle: Name: Address: City-St-Zip:	( )	) Chang	e ( ) Addition	
Title: Name: Address: City-St-Zip:	JOHNSON, DIANE	N ROAD, SUITE 1400	۱ ب	Fitle: Name: Address: City-St-Zip:	( )	) Chang	e ( ) Addition	
I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.								

SIGNATURE: TROY RENNER T 04/13/2009