

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000005218

Entity Name: CROWLEY LOGISTICS, INC.**Current Principal Place of Business:**9487 REGENCY SQUARE BLVD.
JACKSONVILLE, FL 32225**Current Mailing Address:**9487 REGENCY SQUARE BLVD.
C/O BRUCE LOVE
JACKSONVILLE, FL 32225**FEI Number:** 94-3300399**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title DCOB
Name CROWLEY, THOMAS B. JR.
Address 555 12TH STREET, SUITE 2130
City-State-Zip: OAKLAND CA 94607

Title DSVP
Name LARKIN, FRANK
Address 9487 REGENCY SQUARE BLVD.
City-State-Zip: JACKSONVILLE FL 32225

Title SEC
Name LOVE, BRUCE
Address 9487 REGENCY SQUARE BLVD.
City-State-Zip: JACKSONVILLE FL 32225

Title OTI COMPLIANCE OFFICER
Name SMITH, GREG
Address 9487 REGENCY SQUARE BLVD.
City-State-Zip: JACKSONVILLE FL 32225

Title DAS
Name MEAD, ARTHUR F III
Address 9487 REGENCY SQUARE BLVD.
City-State-Zip: JACKSONVILLE FL 32225

Title VPT
Name WARNER, DANIEL L
Address 9487 REGENCY SQUARE BLVD
City-State-Zip: JACKSONVILLE FL 32225

Title CCO
Name BUSTAMANTE, CHRIS
Address 9950 NW 17TH STREET
City-State-Zip: MIAMI FL 33166

Title ASST. TREASURER
Name SALLAH, MOMODOU
Address 9487 REGENCY SQUARE BLVD.
City-State-Zip: JACKSONVILLE FL 32225

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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: BRUCE LOVE**SECRETARY****04/23/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	ASST. TREASURER
Name	SMITH, BRYAN
Address	9487 REGENCY SQUARE BLVD.
City-State-Zip:	JACKSONVILLE FL 32225