

2019 FOREIGN PROFIT CORPORATION AMENDED 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.
JACKSONVILLE, FL 32225 US**FEI Number:** 94-3300399**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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 CHAIRMAN OF THE BOARD
Name CROWLEY, THOMAS BANNON JR
Address 9487 REGENCY SQUARE BLVD.
City-State-Zip: JACKSONVILLE FL 32225

Title VP, TREASURER
Name WARNER, DANIEL LONGFELLOW
Address 9487 REGENCY SQUARE BLVD
City-State-Zip: JACKSONVILLE FL 32225

Title CUSTOMS COMPLIANCE OFFICER
Name PELAEZ, ALICIA
Address 9487 REGENCY SQUARE BLVD.
City-State-Zip: JACKSONVILLE FL 32225

Title ASSISTANT TREASURER
Name HIMES, JR., NORMAN STEPHEN
Address 9487 REGENCY SQUARE BLVD
City-State-Zip: JACKSONVILLE FL 32225

Title ASSISTANT CORPORATE SECRETARY
Name MEAD, ARTHUR FERGUSON III
Address 9487 REGENCY SQUARE BLVD.
City-State-Zip: JACKSONVILLE FL 32225

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

Title ASSISTANT TREASURER
Name LEGG, JENNIFER POPE
Address 9487 REGENCY SQUARE BLVD
City-State-Zip: JACKSONVILLE FL 32225

Title OTI COMPLIANCE OFFICER
Name PHILLIPS, EMMA LOUISE
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: DANIEL LONGFELLOW WARNER**VICE PRESIDENT****05/29/2019**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name PENNELLA, WILLIAM ANDREW
Address 9487 REGENCY SQUARE BLVD.
City-State-Zip: JACKSONVILLE FL 32225

Title VP
Name KATTAN, CLAUDIA
Address 9487 REGENCY SQUARE BLVD.
City-State-Zip: JACKSONVILLE FL 32225

Title ASSISTANT CORPORATE SECRETARY
Name TWAITS, ALAN
Address 9487 REGENCY SQUARE BLVD.
City-State-Zip: JACKSONVILLE FL 32225

Title DIRECTOR, SENIOR VICE
PRESIDENT, GENERAL MANAGER
Name COLLAR, STEVEN MICHAEL
Address 9487 REGENCY SQUARE BLVD.
City-State-Zip: JACKSONVILLE FL 32225

Title VP
Name AYALA, JOSE PACHE
Address 9487 REGENCY SQUARE BLVD.
City-State-Zip: JACKSONVILLE FL 32225

Title CORPORATE SECRETARY
Name ALFORD, REECE BRANDON
Address 9487 REGENCY SQUARE BLVD.
City-State-Zip: JACKSONVILLE FL 32225

Title ASSISTANT TREASURER
Name LAMB, RICHARD DONNELLY JR.
Address 9487 REGENCY SQUARE BLVD.
City-State-Zip: JACKSONVILLE FL 32225