Electronic Signature of Signing Officer/Director Detail

SECRETARY, BY JOHN DUEMIG, ATTORNEY IN

CORPORATE

FACT

BENNETT , BRETT H.
9487 REGENCY SQUARE BLVD.

SENIOR VICE PRESIDENT, GM &

Address	9487 REGENCY SQUARE BLVD.	Address	9487 REGENCY SQUARE BLVD.
City-State-Zip:	JACKSONVILLE FL 32225	City-State-Zip:	JACKSONVILLE FL 32225
Title	VP	Title	CORPORATE SECRETARY
Name	KATTAN , CLAUDIA	Name	ALFORD , REECE B.
Address	9487 REGENCY SQUARE BLVD.	Address	9487 REGENCY SQUARE BLVD.
City-State-Zip:	JACKSONVILLE FL 32225	City-State-Zip:	JACKSONVILLE FL 32225
Title	CFO	Title	VP, TREASURER
Name	WARNER, DANIEL L.	Name	HIMES, NORMAN S. JR.
Address	9487 REGENCY SQUARE BLVD.	Address	9487 REGENCY SQUARE BLVD.
City-State-Zip:	JACKSONVILLE FL 32225	City-State-Zip:	JACKSONVILLE FL 32225
Title	ASSISTANT TREASURER	Title	ASSISTANT TREASURER
Name	OTERO , TONY R.	Name	LAMB, RICHARD D. JR.
Address	9487 REGENCY SQUARE BLVD.	Address	9487 REGENCY SQUARE BLVD.
Citv-State-Zip:	JACKSONVILLE FL 32225	City-State-Zip:	JACKSONVILLE FL 32225

Officer/Director Detail :

Current Mailing Address:

9487 REGENCY SQUARE BLVD. JACKSONVILLE, FL 32225

9487 REGENCY SQUARE BLVD. JACKSONVILLE, FL 32225 US

FEI Number: 94-3300399

Name and Address of Current Registered Agent:

Entity Name: CROWLEY LOGISTICS, INC.

Current Principal Place of Business:

CORPORATE CREATIONS NETWORK INC. 801 US HIGHWAY 1 NORTH PALM BEACH, FL 33408 US

DIRECTOR

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT DOCUMENT# F98000005218

FILED Apr 19, 2024 Secretary of State 0562442006CC

Certificate of Status Desired: No

VICE PRESIDENT AND OTI

COMPLIANCE OFFICER

ABISCH, JOHN

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:

Title

Name

Electronic Signature of Registered Agent

Date

04/19/2024

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

Continues on page 2

above, or on an attachment with all other like empowered. SIGNATURE: REECE B. ALFORD

City-State-Zip: JACKSONVILLE FL 32225

Date

Title

Name

Officer/Director Detail Continued :

Title	VP	Title	DIRECTOR
Name	GOLDENBERG, ROBERT	Name	CROWLEY, THOMAS B. JR.
Address	9487 REGENCY SQUARE BLVD.	Address	9487 REGENCY SQUARE BLVD.
City-State-Zip:	JACKSONVILLE FL 32225	City-State-Zip:	JACKSONVILLE FL 32225
Title Name	DIRECTOR FITZGERALD , RAYMOND F.	Title Name	CUSTOMS COMPLIANCE OFFICER GARCIA , SHARON
Address	9487 REGENCY SQUARE BLVD.	Address	9487 REGENCY SQUARE BLVD.
City-State-Zip:	JACKSONVILLE FL 32225	City-State-Zip:	JACKSONVILLE FL 32225
Title	VP	Title	ASSISTANT TREASURER
Name	SIMPSON, TODD	Name	JEFFERSON, ROBERT C
Address	9487 REGENCY SQUARE BLVD.	Address	9487 REGENCY SQUARE BLVD.
City-State-Zip:	JACKSONVILLE FL 32225	City-State-Zip:	JACKSONVILLE FL 32225
Title Name	ASSISTANT CORPORATE SECRETARY WINHAM, STEPHEN K		

Address 9487 REGENCY SQUARE BLVD.

City-State-Zip: JACKSONVILLE FL 32225