

2016 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 LEGAL DEPARTMENT
JACKSONVILLE, FL 32225 US**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 DIRECTOR, CHAIRMAN OF THE BOARD
Name CROWLEY, THOMAS BANNON JR
Address 555 12TH STREET, SUITE 2130
City-State-Zip: OAKLAND CA 94607

Title DIRECTOR, SENIOR VICE PRESIDENT
Name LARKIN, FRANK EDWARD II
Address 9487 REGENCY SQUARE BLVD.
City-State-Zip: JACKSONVILLE FL 32225

Title SECRETARY
Name MCCLELLAN, KERRI ANN
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 DIRECTOR, ASSISTANT SECRETARY
Name MEAD, ARTHUR FERGUSON III
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 BUSTAMANTE, CHRISTIAN LEONEL
Address 10502 NW 108TH AVENUE
City-State-Zip: MIAMI FL 33178

Title ASSISTANT TREASURER
Name GRIGLIONE, MICHAEL ALAN
Address 15894 DIPLOMATIC PLAZA DRIVE
City-State-Zip: HOUSTON TX 77032

Continues on page 2

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: KERRI ANN MCCLELLANVP AND DEPUTY
GENERAL COUNSEL

02/17/2016

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title CUSTOMS COMPLIANCE OFFICER
Name PELAEZ, ALICIA
Address 10502 NW 108TH AVENUE
City-State-Zip: MIAMI FL 33178

Title ASSISTANT TREASURER
Name HIMES, JR., NORMAN STEPHEN
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