

**2020 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.  
JACKSONVILLE, FL 32225 US**FEI Number:** 94-3300399**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK INC.  
801 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408 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 SENIOR VICE PRESIDENT, GENERAL  
MANAGER & DIRECTOR  
Name COLLAR, STEVEN M.  
Address 9487 REGENCY SQUARE BLVD.  
City-State-Zip: JACKSONVILLE FL 32225

Title VICE PRESIDENT AND OTI  
COMPLIANCE OFFICER  
Name ABISCH, JOHN  
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 CORPORATE SECRETARY  
Name ALFORD, REECE B.  
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 ASSISTANT CORPORATE  
SECRETARY  
Name MEAD, ARTHUR F. III  
Address 9487 REGENCY SQUARE BLVD.  
City-State-Zip: JACKSONVILLE FL 32225

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

Title ASSISTANT TREASURER  
Name SMITH, BRYAN C.  
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:** REECE B. ALFORDCORPORATE  
SECRETARY, BY JULIE  
PHILLIPS, ATTORNEY-IN-  
FACT

04/28/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title ASSISTANT TREASURER  
Name HIMES, NORMAN S. JR.  
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 DIRECTOR  
Name CROWLEY, THOMAS B. JR.  
Address 9487 REGENCY SQUARE BLVD.  
City-State-Zip: JACKSONVILLE FL 32225

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

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