

SCC eFile

2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

212542400

1.) CORPORATION NAME:

UNIVAR USA INC.

DUE DATE: **10/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
BANK OF AMERICA CENTER, 16TH FLOOR
1111 EAST MAIN STREET**

SCC ID NO: **F0524225**

RICHMOND, VA 23219

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

WA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 34325

CITY/ST/ZIP: SEATTLE, WA 98124-1325

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: W. TERRY HILL
TITLE: VICE PRESIDENT
ADDRESS: 17425 NE UNION HILL ROAD
CITY/ST/ZIP/CO: REDMOND, WA 98052

OFFICER

DIRECTOR

NAME: JOHN P. BOLANOS
TITLE: VICE PRESIDENT
ADDRESS: 11149 RESEARCH BLVD
STE 260
CITY/ST/ZIP/CO: AUSTIN, TX 78759

OFFICER

DIRECTOR

NAME: AMY E. WEAVER
TITLE: VICE PRESIDENT
ADDRESS: 17425 NE UNION HILL ROAD
CITY/ST/ZIP/CO: REDMOND, WA 98052

OFFICER

DIRECTOR

NAME: PERRY KUSAKABE
TITLE: SECRETARY
ADDRESS: 17425 NE UNION HILL ROAD
CITY/ST/ZIP/CO: REDMOND, WA 98052

OFFICER

DIRECTOR

NAME: DEVIN W. STOCKFISH
TITLE: ASST SECRETARY
ADDRESS: 17425 NE UNION HILL ROAD
CITY/ST/ZIP/CO: REDMOND, WA 98052

OFFICER

DIRECTOR

NAME: THOMAS P. MARTIN
TITLE: TREASURER
ADDRESS: 17425 NE UNION HILL ROAD
CITY/ST/ZIP/CO: REDMOND, WA 98052

OFFICER

DIRECTOR

NAME: KERRI HOWARD TITLE: ASST TREASURER ADDRESS: 17425 NE UNION HILL ROAD CITY/ST/ZIP/CO: REDMOND, WA 98052	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: STEVE M. NIELSEN TITLE: CFO ADDRESS: 17425 NE UNION HILL ROAD CITY/ST/ZIP/CO: REDMOND, WA 98052	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JOHN J. ZILLMER TITLE: DIRECTOR ADDRESS: 17425 NE UNION HILL ROAD CITY/ST/ZIP/CO: REDMOND, WA 98052	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: J. Erik Fyrwald TITLE: PRESIDENT ADDRESS: 17425 NE Union Hill Rd. CITY/ST/ZIP/CO: Redmond, WA 98052	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ DEVIN W. STOCKFISH _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DEVIN W. STOCKFISH, ASST SECRETARY _____ PRINTED NAME AND CORPORATE TITLE	10/31/2012 _____ DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		