

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000005371 (9)**

1. Corporation Name:

FIELD WAREHOUSING CORP.



Principal Place of Business

**3380 146TH PL., S.E.
SUITE 400
BELLEVUE WA 98007-6472**

Mailing Address

**3380 146TH PL., S.E.
SUITE 400
BELLEVUE WA 98007-6472**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**WAAG, RICHARD J
4003 GOLF VILLAGE LOOP #7
LAKELAND FL 33809**

3. Date Incorporated or Qualified **10/17/1994**

3a. Date of Last Report **04/19/1995**

4. FEI Number **95-4160791**

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

10. Name and Address of New Registered Agent

81 Name **Amy Wagner**
82 Street Address (P.O. Box Number is Not Acceptable) **7515 Sun Tree Circle #207**
83
84 City **Orlando** FL 85 Zip Code **32807**

11. Pursuant to the provisions of Sections 607.0502 and 607.1308, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, in both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, s. 607.0505, Florida Statutes.

SIGNATURE *Amy Wagner*

3/26/96

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	BOAS, GERALD	
STREET ADDRESS	3380 146TH PL., S.E. #400	
CITY-ST-ZIP	BELLEVUE WA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WAAG, DOUGLAS	
STREET ADDRESS	3380 146TH PL., S.E. #400	
CITY-ST-ZIP	BELLEVUE WA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BOAS, BEVERLY	
STREET ADDRESS	3380 146TH PL., S.E. #400	
CITY-ST-ZIP	BELLEVUE WA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HAMMERSMITH, KAREN	
STREET ADDRESS	3380 146TH PL., S.E. #400	
CITY-ST-ZIP	BELLEVUE WA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and if at my 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, trustee empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attached form with an address.

SIGNATURE: *Karen B. Hammersmith* VP Ops **3/26/96** **206 747-2171**

CR2E034 (12/95)