

FILE J. FILING FEE AFTER MAY 1 IS \$300.00

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED  
Feb 07 1997 8:00am  
Secretary of State

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

3. Date Incorporated or Qualified: 10/17/1994  
3a. Date of Last Report: 04/02/1996  
4. FEI Number: 95-4160791  
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

2. Principal Place of Business: 21 Suite, Apt. #, etc: 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 Suite, Apt. #, etc: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent  
WAGNER, AMY  
7515 SUN TREE CIRCLE #207  
ORLANDO FL 32807

10. Name and Address of New Registered Agent  
81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 1716 Lafayette Ct  
83 City: Orlando 84 FL 85 Zip Code: 32807

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or 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, Section 607.0505, Florida Statutes.

SIGNATURE: Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
TITLE: PCD  
NAME: BOAS, GERALD  
STREET ADDRESS: 3380 146TH PL., S.E. #400  
CITY-ST-ZIP: BELLEVUE WA  
TITLE: V  
NAME: WAAG, DOUGLAS  
STREET ADDRESS: 3380 146TH PL., S.E. #400  
CITY-ST-ZIP: BELLEVUE WA  
TITLE: S  
NAME: BOAS, BEVERLY  
STREET ADDRESS: 3380 146TH PL., S.E. #400  
CITY-ST-ZIP: BELLEVUE WA  
TITLE: T  
NAME: HAMMERSMITH, KAREN  
STREET ADDRESS: 3380 146TH PL., S.E. #400  
CITY-ST-ZIP: BELLEVUE WA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE: 1.2 NAME: 1.3 STREET ADDRESS: 1.4 CITY-ST-ZIP:  
2.1 TITLE: 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP:  
3.1 TITLE: 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP:  
4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:  
5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:  
6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:

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

SIGNATURE: [Signature] 1/6/97 (206) 747-2171  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)