

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Feb 19 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1901 George Washington Wy Suite, Apt. #, etc.	2a. Mailing Address 26 PO Box 3098 Suite, Apt. #, etc.
22 City & State 23 Richland WA	27 City & State 28 Richland WA
24 Zip 99352	29 Zip 99352

3. Date Incorporated or Qualified 10/17/1994
4. FEI Number 95-4160791
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30, 1998 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**WAGNER, AMY
1716 LAFAYETTE CT
ORLANDO FL 32807**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL
85 Zip Code

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

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

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	425 N Big Wood DR
1.4 CITY-ST-ZIP	KETCHUM ID 83340
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	162 Weyford Terr
2.4 CITY-ST-ZIP	Garden City NY 11530
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	425 N Big Wood R
3.4 CITY-ST-ZIP	Ketchum ID 83340
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	1901 George Washington Wy
4.4 CITY-ST-ZIP	Richland WA 99352
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 _____ DATE _____

CP2E034 (10/97)