

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

**FILED**  
**Feb 26, 1999 8:00 am**  
**Secretary of State**

02-26-1999 90043 012 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
		DOCUMENT # <b>F94000005371</b>

1. Corporation Name  
**FIELD WAREHOUSING CORP.**

Principal Place of Business 1901 GEORGE WASHINGTON WY <del>SUITE 400</del> RICHLAND WA 99352 US	Mailing Address P O BOX 3098 <del>SUITE 400</del> RICHLAND WA 99352 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 <b>Ste E</b> 23 City & State 24 Zip 25 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 <b>No Suite #</b> 28 City & State 29 Zip 30 Country
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3. Date Incorporated or Qualified <b>10/17/1994</b>	4. FEI Number <b>95-4160791</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" 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	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	BOAS, GERALD	
STREET ADDRESS	425 N BIG WOOD DR	
CITY-ST-ZIP	KETCHUM ID 83340	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WAAG, DOUGLAS	
STREET ADDRESS	162 WEYFORD TERR	
CITY-ST-ZIP	GARDEN CITY NY 11530	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BOAS, BEVERLY	
STREET ADDRESS	425 N BIGWOOD R	
CITY-ST-ZIP	KETCHUM ID 83340	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HAMMERSMITH, KAREN	
STREET ADDRESS	1901 GEORGE WASHINGTON WY	
CITY-ST-ZIP	RICHLAND WA 99352	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Vice President</b>
2.3 STREET ADDRESS	<b>Todd M Johnston</b>
2.4 CITY-ST-ZIP	<b>1220 Queen of the Hills</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<b>Hailey ID 83333</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: **1/15/99** DAYTIME PHONE #: **509 943 9976**

CR2E034 (11/98)