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May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F95000005106 (8)
1. Corporation Name
FRANK RUSSELL INVESTMENT MANAGEMENT COMPANY



Principal Place of Business: 909 A STREET TACOMA WA 98402
Mailing Address: 909 A STREET TACOMA WA 98402-5111

3. Date Incorporated or Qualified: 10/19/1995
3a. Date of Last Report: 05/01/1996
4. FEI Number: 91-1175092
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 (21-24)
2a. Mailing Address (25-30)
22. Suite, Apt. #, etc.
23. City & State
24. Zip, Country

9. Name and Address of Current Registered Agent: C T CORPORATION SYSTEM, 1200 SOUTH PINE ISLAND ROAD, PLANTATION FL 33324
10. Name and Address of New Registered Agent (81-85)
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D NAME: RUSSELL, GEORGE F JR. STREET ADDRESS: 8012 SILVERBOW ROAD KPN CITY-ST-ZIP: LAKEBAY WA 98349	<input type="checkbox"/> DELETE	1.1 TITLE: P (added last year, but not recorded on form) 1.2 NAME: Russell, Eric A. 1.3 STREET ADDRESS: 7908 Olympic View Drive NW 1.4 CITY-ST-ZIP: Gig Harbor, WA 98335	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: DC NAME: ANDERSON, LYNN L STREET ADDRESS: 6217 139TH PLACE SE CITY-ST-ZIP: BELLEVUE WA 98006	<input type="checkbox"/> DELETE	2.1 TITLE: AS 2.2 NAME: Lyons, Gregory J. 2.3 STREET ADDRESS: 2514 North Junett 2.4 CITY-ST-ZIP: Tacoma, WA 98406	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: S NAME: EGE, KARL J STREET ADDRESS: 933 21ST AVE. EAST CITY-ST-ZIP: SEATTLE WA 98112	<input type="checkbox"/> DELETE	3.1 TITLE: 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TCFO NAME: MCDONALD, JAMES M STREET ADDRESS: 5401 WATERFRONT DR. NORTH CITY-ST-ZIP: TACOMA WA 98407	<input type="checkbox"/> DELETE	4.1 TITLE: TCFO 4.2 NAME: McDonald, James M. 4.3 STREET ADDRESS: 3113 Claremont Dr. 4.4 CITY-ST-ZIP: Tacoma, WA 98407	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: AS NAME: FIRN, JAMES T STREET ADDRESS: 3910 NORTH 37TH STREET CITY-ST-ZIP: TACOMA WA 98407	<input checked="" type="checkbox"/> DELETE	5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: AS NAME: GRISWOLD, J. DAVID STREET ADDRESS: 3006 38TH AVENUE SW CITY-ST-ZIP: SEATTLE WA 98126	<input type="checkbox"/> DELETE	6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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, on an attachment with an address. Karl J. Ege, Secretary

SIGNATURE: _____ DATE: 4/29/97 DAYTIME PHONE #: 206-572-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)