

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90390 001 \*\*\*317.50

**DOCUMENT # F95000005106**



1. Entity Name  
**FRANK RUSSELL INVESTMENT MANAGEMENT COMPANY**

Principal Place of Business  
**909 A STREET  
11TH FLOOR-LEGAL DEPT.  
TACOMA WA 98402**

Mailing Address  
**909 A STREET  
11TH FLOOR-LEGAL DEPT.  
TACOMA WA 98402**

2. Principal Place of Business  
**Above is Correct Address**  
Suite, Apt. #, etc.

3. Mailing Address  
**Above is Correct Address**  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **91-1175092**

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

Name  
**N/A**  
Street Address (P.O. Box Number is Not Acceptable)  
  
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **N/A**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC ANDERSON, LYNN L 909 A STREET TACOMA WA 98402</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ASAC LYONS, GREGORY J 909 A STREET TACOMA WA 98402</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SGC EGE, KARL J 933 21ST AVE. EAST SEATTLE WA 98112</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LERT, RANDALL P 909 A STREET TACOMA WA 98402</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP BRENNAN, LEONARD P 909 A STREET TACOMA WA 98402</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TCFO HANLY, THOMAS F 909 A ST TACOMA WA 98402</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary, General Counsel Ege, Karl J. 909 A Street Tacoma, WA 98402</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Karl J. Ege*  
**Karl J. Ege, Secretary & General Counsel**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/04/03

Date

253-591-3534

Daytime Phone #

CR2E034 (10/02)

Attachment

58016785  
#F95000005100

**Attachment A**

**Additional Officers and Directors**

**Frank Russell Investment Management Company**

<b>Title</b>	<b>Name</b>	<b>Street Address</b>	<b>Status</b>
Controller	Linda L. Gutmann	909 A Street Tacoma, WA 98402	Addition
Asst. Secretary, Associate General Counsel	J. David Griswold	909 A Street Tacoma, WA 98402	Address Change
Asst. Secretary, Associate General Counsel	Deedra S. Walkey	909 A Street Tacoma, WA 98402	Addition
Asst. Secretary	Mary Beth Rhoden	909 A Street Tacoma, WA 98402	Addition
Asst. Secretary	Carla L. Anderson	909 A Street Tacoma, WA 98402	Addition
Director, Compliance and Internal Audit, Chief Compliance Officer	B. James Rohrbacher	909 A Street Tacoma, WA 98402	Addition
Regional Director	Peter G. Maroni	590 Madison Ave., 40 <sup>th</sup> Floor New York, NY 10022	Addition
Regional Director	Fredrick M. Hanish	1616 Conway Isle Circle Orlando, FL 32809	Addition