
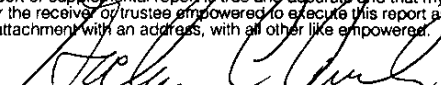


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90028 023 ***150.00

DOCUMENT # 307231 1. Entity Name RUSSELL ASSOCIATES INC					
Principal Place of Business 10540 RIDGE RD STE 300 NEW PORT RICHEY, FL 34654-5111 US			Mailing Address 10540 RIDGE RD STE 300 NEW PORT RICHEY, FL 34654-5111 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 11-3168492			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P STEVENS, DONALD 2200 NORTHERN BLVD. EAST HILLS, NY 11548	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Officer/Sr Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Godwin C. Abele 10540 Ridge Rd Ste 300 New Port Richey FL 34654	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS BARTLETT, MARYANN 2200 NORTHERN BLVD EAST HILLS, NY 11576	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Officer/Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Sandra Marino 2200 Northern Blvd. East Hills NY 11548	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRASNOFF, ERIC 2200 NORTHERN BLVD EAST HILLS, NY 11548	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Officer/Controller <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Terry L. Sellman 10540 Ridge Rd Ste 300 New Port Richey FL 34654	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRECO, STEVE 2200 NORTHERN BLVD EAST HILLS, FL 11548	<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	D WESTERN, JAMES 10540 RIDGE RD STE 300 NEW PORT RICHEY, FL 34654	<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	T MCDERMOTT, LISA 2280 NORTHERN BLVD. EAST HILLS, NY 11548	<input type="checkbox"/> Delete	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 exemptions contained in Chapter 119, 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: 			Godwin C. Abele 1-29-08 707-815-3100		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		