# F06000002515

(Requestor's Name)
(Address)
(Address)
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PICK-UP WAIT MAIL
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### **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: Russell Fund Distributors, Inc.
(Name of corporation - must include suffix)
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Dorothy Thordarson, Senior Paralegal
(Name of Person)
Russell Investment Group
(Firm/Company)
909 A Street. 11th Floor - Legal Dept. 💮 🛸 🚗
(Address)
Tacoma, vva 96402
(City/State and Zip code)  Code  Cod
Dorothy Thordarson at ( 253 ) 439-3534  (Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  Enclosed is a check for the following amount:  \$70.00 Filing Fee \$78.75 Filing Fee & \$78.75 Filing Fee, Certificate of Status  Certificate of Status  MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Tallahassee, FL 32314  \$87.50 Filing Fee, Certificate of Status & Certificate of Status & Certificate Opy

#### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Russell Fund Distributors Inc.

		-	e adopted for the purpose of transacting busines	ss in Florida)
2. <u>Washing</u>	<del></del>	·	91-1397660	
•	der the law of which		(FBI number, if applicable)	
January		5	Perpetual	
	f incorporation)	_	(Duration: Year corp. will cease to exist or	"perpetual")
<sub>6.</sub> <u>Novemb</u>				
			in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	<b>14</b>
Attn: Lec	· ·	909 A St.,	Tacoma, WA 98402	
Attn: Legal Dept., 909 A St., Tacoma, WA 98402  (Principal office address)  Attn: Legal Dept. 909 A St. Tacoma, WA 98402				
Attn: Legal Dept., 909 A St., Tacoma, WA 98402 (Current mailing address)				
		(Current mailing ad	kdress)	Ξ,
			actions as principal or	·~ ~
(Purpose(s)	of corporation authori	zed in home state or o	country to be carried out in state of Florida)	75.
9. Name and street	address of Florida r	egistered agent: (P.	O. Box NOT acceptable)	
Name:	CT Corpo	ration Sys	stem	
Office Address:	1200 Sou	th Pine Isl	land Road	,
	<b>Plantation</b>	1	, Florida 33324	
•		City)	(Zip code)	•

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

> (Registered agent's signature) JACK CASKEY, ASST. V.P.

11. Attached is a dertificate of existence only authenticated, not more than 90 days prior to delivery of this application to the Department of State by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS			
Chairman: See Attachr	nent A for com	iplete list of offic	ers/directors
Address:			
		<u> </u>	
Vice Chairman:			
Address:			
			ALLIAN IP
Director:		· · · · · · · · · · · · · · · · · · ·	E 20
Address:			
Director:		· · · · · · · · · · · · · · · · · · ·	
Address:			
President: See Attachr Address:			
Vice President:			
Address:	<u></u>	·	
			<u></u>
Secretary:			
Address:			
Treasurer:			
Address:	***		
NOTE: If necessary, you may att	ach an addendum to the appl	ication listing additional officers	and/or directors.
13. (ysig	A Lyons		
(Signature o	of Director or Officer listed in	n number 12 of the application)	anaral Causas
<u> </u>		and Associate G	eneral Courise
` **		=	

#### ATTACHMENT A

### RUSSELL FUND DISTRIBUTORS, INC. DIRECTORS AND OFFICERS

NAME	OFFICIAL CAPACITY	BUSINESS ADDRESS
Gregory J. Stark	Director, Chairman, Chief	909 A Street
	Executive Officer and President	Tacoma, WA 98402
Thomas F. Hanly	Director	909 A Street
		Tacoma, WA 98402
Mark E. Swanson	Director	909 A Street
		Tacoma, WA 98402
Gregory J. Lyons	Director, Secretary, Associate	909 A Street
	General Counsel	Tacoma, WA 98402
J. David Griswold	Assistant Secretary, Associate	909 A Street
	General Counsel and Director of	Tacoma, WA 98402
	Global Regulatory Policy	
Melodie B. Zakaluk	Treasurer and Managing Director	909 A Street
	of U.S. Operations	Tacoma, WA 98402
Mary Beth Rhoden	Assistant Secretary	909 A Street
		Tacoma, WA 98402
Carla L. Anderson	Assistant Secretary	909 A Street
		Tacoma, WA 98402
Douglas R. Whittle	Chief Compliance Officer and	909 A Street
	Anti-Money Laundering Officer	Tacoma, WA 98402
Elisa Enns	Controller	909 A Street
		Tacoma, WA 98402
Joe Kurtis	Director, Business	909 A Street
	Administration	Tacoma, WA 98402



Secretary of State

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

## CERTIFICATE OF EXISTENCE/AUTHORIZATION OF RUSSELL FUND DISTRIBUTORS, INC.

I FURTHER CERTIFY that the records on file in this office show that the above named Profit

Corporation was formed under the laws of the State of WA and was issued a Certificate Of

Incorporation in Washington on 1/15/1988.

I FURTHER CERTIFY that as of the date of this certificate, RUSSELL FUND DISTRIBUTORS, INC. remains active and has complied with the filing requirements of this office.

Date: April 14, 2006

UBI: 601-063-769

STATE OF WASHING

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed, Secretary of State