2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000002515

Entity Name: RUSSELL FINANCIAL SERVICES, INC.

FILED Apr 08, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
909 A ST TACOMA, WA 98402					
Current Mailing Address:			New Mailing Address:		
909 A ST 11TH FLOOR - LEGAL DEPT. TACOMA, WA 98402			909 A ST 11TH FL - LEGAL DEPT. TACOMA, WA 98402		
FEI Number:	91-1397660	FEI Number Applied For () FEI Num	nber Not Appli	icable () Certificate of Status Desired (X)	
Name and	Address of Cu	rrent Registered Agent:	Name and	Address of New Registered Agent:	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US					
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.					
SIGNATURE:					
	Electronic	Signature of Registered Agent		Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DCEO () D STARK, GREGOR 909 A ST TACOMA, WA 98		Title: Name: Address: City-St-Zip:	()Change()Addition	
Title: Name: Address: City-St-Zip:	PC () E STARK, GREGOR 909 A ST TACOMA, WA 98		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () C HANLY, THOMAS 909 A ST TACOMA, WA 98		Title: Name: Address: City-St-Zip:	D (X) Change () Addition HANSEN, MARK 909 A ST TACOMA, WA 98402	
Title: Name: Address: City-St-Zip:	D () C SWANSON, MAR 909 A ST TACOMA, WA 98		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	DS () D LYONS, GREGOR 909 A ST TACOMA, WA 98		Title: Name: Address: City-St-Zip:	S (X) Change () Addition LYONS, GREGORY J 909 A ST TACOMA, WA 98402	
Title: Name: Address: City-St-Zip:	T () C ZAKALUK, MELO 909 A ST TACOMA, WA 98		Title: Name: Address: City-St-Zip:	T (X) Change () Addition JOYNER, DAMON 909 A ST TACOMA, WA 98402	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLA L. ANDERSON AS 04/08/2009