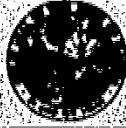


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995

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



APPROVED AND FILED

DOCUMENT # F94000005371 (9)

1. Corporation Name
FIELD WAREHOUSING CORP.

95 APR 19 PM 4:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 3380 146TH PL. S.E. SUITE 400 BELLEVUE WA 98007-6472

Mailing Address: 3380 146TH PL. S.E. SUITE 400 BELLEVUE WA 98007-6472

DO NOT WRITE IN THIS SPACE.

| | | | | | |
|---|---------|---------------------|---------|--|--------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21 | | 26 | | 10/17/1994 | 10/17/94 |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | Applied For |
| 22 | | 27 | | 95-4160791 | Not Applicable |
| City & State | | City & State | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 23 | | 28 | | <input type="checkbox"/> | |
| Zip | Country | Zip | Country | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 24 | 25 | 29 | 30 | <input type="checkbox"/> | |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | |

WAAG, RICHARD J
4003 GOLF VILLAGE LOOP #7
LAKELAND FL 33809

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | FL |
| 83 | |
| 84 City | |

11. Pursuant to the provisions of Sections 807.0502 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rotating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------|---|---|
| TITLE | PCD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BOAS, GERALD | 1.2 NAME | |
| STREET ADDRESS | 3380 146TH PL., S.E. #400 | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | BELLEVUE WA | 1.4 CITY - ST - ZIP | |
| TITLE | V | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WAAG, DOUGLAS | 2.2 NAME | |
| STREET ADDRESS | 3380 146TH PL., S.E. #400 | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | BELLEVUE WA | 2.4 CITY - ST - ZIP | |
| TITLE | S | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BOAS, BEVERLY | 3.2 NAME | |
| STREET ADDRESS | 3380 146TH PL., S.E. #400 | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | BELLEVUE WA | 3.4 CITY - ST - ZIP | |
| TITLE | T | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HAMMERSMITH, KAREN | 4.2 NAME | |
| STREET ADDRESS | 3380 146TH PL., S.E. #400 | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | BELLEVUE WA | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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, or on an attachment with an addenda.

SIGNATURE: *Karen Hammersmith* **Karen Hammersmith** 4/19/95 (206) 747-2171
Signature and typed or printed name of signing officer or director