

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F95000001491 (8)

1. Corporation Name

LABOR READY, INC.



Principal Place of Business

Mailing Address

2342 TACOMA AVE., SOUTH  
TACOMA WA 98402

2342 TACOMA AVE., SOUTH  
TACOMA WA 98402

2. Principal Place of Business

2a. Mailing Address

21 2156 Pacific Avenue

26 2156 Pacific Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Tacoma, WA

28 Tacoma, WA

Zip

Country

Zip

Country

24 98402

25

29 98402

30

3. Date Incorporated or Qualified

03/28/1995

3a. Date of Last Report

4. FEI Number

91-1287341

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE  
NAME WELSTAD, GLENN  
STREET ADDRESS 2342 TACOMA AVE., SOUTH  
CITY-ST-ZIP TACOMA WA 98402

TITLE STD ☒ DELETE  
NAME COGHLAN, JOHN R  
STREET ADDRESS 5102 MORRILL LN.  
CITY-ST-ZIP SPOKANE WA 99223

TITLE D ☐ DELETE  
NAME SULLIVAN, ROBERT  
STREET ADDRESS 323 WOODBURY RD.  
CITY-ST-ZIP COLD SPRINGS HARBOR NY 11724

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 2156 Pacific Avenue  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE Director & Treasurer ☒ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS 323 Woodbury Road  
3.4 CITY-ST-ZIP Huntington, NY 11743

4.1 TITLE Director & Secretary ☐ Change ☒ Addition

4.2 NAME Ronald Junck  
4.3 STREET ADDRESS 1202 E. Missouri, #100  
4.4 CITY-ST-ZIP Phoenix, AZ 85014

5.1 TITLE Director ☐ Change ☒ Addition

5.2 NAME Thomas McChesney  
5.3 STREET ADDRESS 118 S.W. Myrtle  
5.4 CITY-ST-ZIP Portland, OR 97201

6.1 TITLE Director & CFO ☐ Change ☒ Addition

6.2 NAME Ralph E. Peterson  
6.3 STREET ADDRESS 2156 Pacific Avenue  
6.4 CITY-ST-ZIP Tacoma, WA 98402

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 119.07(3)(k), 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 address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)