

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 13 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # F95000001491 (8) | | | |
| 1. Corporation Name LABOR READY, INC. | | | |
| Principal Place of Business 1016 SOUTH 28TH STREET TACOMA WA 98409-8020 | | Mailing Address 1016 SOUTH 28TH STREET TACOMA WA 98409-8020 | |
| 2. Principal Place of Business 1016 SOUTH 28TH STREET Suite, Apt. #, etc. | | 2a. Mailing Address 1016 SOUTH 28TH STREET Suite, Apt. #, etc. | |
| 22. City & State TACOMA WA | | 27. City & State TACOMA WA | |
| 23. Zip 98409-8020 | | 28. Zip 98409-8020 | |
| 24. Country USA | | 29. Country USA | |
| 3. Date Incorporated or Qualified 3/28/1995 | | 3a. Date of Last Report 12/31/95 | |
| 4. FEI Number 91-1287341 | | Applied For <input type="checkbox"/> NOT APPLICABLE | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| 9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324 | | 10. Name and Address of New Registered Agent 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 of 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 _____ (NOTE: Registered Agent signature required when replacing) DATE _____ | | | |
| 12. OFFICERS AND DIRECTORS | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD <input type="checkbox"/> DELETE WELSTAD, GLENN 2156 PACIFIC AVENUE TACOMA WA 98402 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD <input type="checkbox"/> DELETE SULLIVAN, ROBERT 323 WOODBURY ROAD HUNTINGTON NY 11743 | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1016 SOUTH 28TH STREET TACOMA WA 98409-8020 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DS <input type="checkbox"/> DELETE JUNCK, RONALD 1202 E. MISSOURI, #100 PHOENIX AZ 85014 | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D <input type="checkbox"/> DELETE MCCHESENEY, THOMAS 118 SW MYRTLE PORTLAND OR 97201 | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DCFO <input type="checkbox"/> DELETE PETERSON, RALPH 2156 PACIFIC AVENUE TACOMA WA 98402 | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 600002189166 -05/23/97--01004--045 ***165.00 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DCOO 1016 SOUTH 28TH STREET TACOMA WA 98409-8020 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CFO RUSSEL, CHARLES B. 1016 SOUTH 28THG STREET TACOMA WA 98409-8020 |
| 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Charles B. Russell</i> Charles B. Russell 1/30/97 206-383-910 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | |