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

FILED
Jun 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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	Mailing Address
1016 S 28TH ST TACOMA WA 98409 US	1016 S 28TH ST TACOMA WA 98409 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/28/1995

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 owes or has paid the current year intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

C T 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 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	☐ DELETE	1.1 TITLE	I	☐ Change ☒ Addition
NAME	WELSTAD, GLENN		1.2 NAME	Joseph P. Sambataro, JR.	
STREET ADDRESS	1016 S 28TH ST		1.3 STREET ADDRESS	1016 S. 28th St	
CITY-ST-ZIP	TACOMA WA		1.4 CITY-ST-ZIP	TACOMA WA 98409	
TITLE	~~5000~~	☐ DELETE	2.1 TITLE	DIRECTOR, EVP	☒ Change ☐ Addition
NAME	PETERSON, RALPH E		2.2 NAME		
STREET ADDRESS	1016 S 28TH ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	TACOMA WA		2.4 CITY-ST-ZIP		
TITLE	~~TD~~	☐ DELETE	3.1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	SULLIVAN, ROBERT		3.2 NAME		
STREET ADDRESS	323 WOODBURY RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	~~HUNTINGTON NY~~		3.4 CITY-ST-ZIP	COLD SPRINGS HARBOR, NY 11724	
TITLE	~~SD~~	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	JUINCK, RONALD		4.2 NAME		
STREET ADDRESS	1202 E MISSOURI ~~STE 100~~		4.3 STREET ADDRESS	SUITE 225	
CITY-ST-ZIP	PHOENIX AZ		4.4 CITY-ST-ZIP	85014	
TITLE	~~D~~	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	MCCHESNEY, THOMAS		5.2 NAME		
STREET ADDRESS	~~110 SW MYRTLE~~		5.3 STREET ADDRESS	1118 SW MYRTLE DRIVE	
CITY-ST-ZIP	PORTLAND OR 97201		5.4 CITY-ST-ZIP		
TITLE	AT	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SOVERN, ROBERT		6.2 NAME		
STREET ADDRESS	1016 S 28TH ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	TACOMA WA		6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. I 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.

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SIGNATURE: _____ EVP 6/23/98