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

Mailing Address

PROFIT . CORPORATION ANNUAL REPORT

1998

Principal Place of Business

.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

TITLE

NAME

TACOMA WA 98403

TACOMA WA 98407

3001 VISTA VIEW DR. N.

JAMES, JOHN C



FLORIDA DEPARTMENT OF STATE

FILED

May 18 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600000121 (1)

RUSSELL FUND DISTRIBUTORS, INC.

ATTN: LEGAL DEPARTMENT ATTN: LEGAL DEPARTMENT 909 A STREET 909 A STREET TACOMA WA 98402 DO NOT WRITE IN THIS SPACE TACOMA WA 98402 3. Date Incorporated or Qualified 01/05/1996 2. Principal Place of Business 2s. Mailing Address 4. FEI Number Applied For 91-1397660 Not Applicable 21 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6, Election Campaign Financing \$5.00 May Be 23 Added to Fees 28 Trust Fund Contribution Country Country Zip 8. This corporation owes or has paid the current year Intangible 25 29 Personal Property Tax due June 30. 24 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HANISH, FREDERICK M 5850 TG LEE BLVD., STE. 650 Street Address (P.O. Box Number is Not Acceptable) 82 ORLANDO FL 32822 84 City 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: Typical or printed name of regulatered agent and fire if applicable (NO16 Registered Agent signature required when roinstating) 12, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. CEO DELETE Change Addition 1.1 TITLE TITLE Director and President ANDERSON, LYNN L Russell, Bric A. NAME 1.2 NAME CR2E034 6217 139TH PL SE 7908 Olympic View Dr. NW 1.3 STREET ADDRESS STREET ADDRESS Gig Harbor, WA 98335 **BELLEVUE WA 98006** CITY-ST-ZIP 1.4 City-St-ZIP Addition DELETE Change 2 1 TITLE TITLE Treasurer EGE, KARL J 2.2 NAME NAME Gutmann, Linda L. **93**3 21ST AVE E STREET ADDRESS 2.3 STREET ADDRESS 108 Rose Place S.W. **SEATTLE WA 98112** Puyallup, WA 98371 2 4 CITY-ST-7IP CITY-ST-ZIP Addition DELETE Change 31 TITLE TITLE Assistant Secretary GRISWOLD, J. DAVID 3.2 NAME NAMÉ Anderson, Carla L. 3006 38TH AVENUE SW STREET ADDRESS 3.3 STREET ADDRESS 1220 E. 70th Street Tacoma, WA 98404 SEATTLE WA 98126 3.4. CITY-ST-ZIP CITY-ST-ZIP Change XX Addition TITLE DELETE 4.1 TOLE HUGHS, MARY E 4 2 NAME Assistant Secretary NAME Lyons, Gregory J. 6303 SOUTH 298TH PL. 4.3 STREET ADDRESS STREET ADDRESS 2514 N. Junett St. Tacoma, WA 98406 AUBURN WA 98001 CITY-ST-ZIP 4.4 CITY-ST-ZIP XXAddition DELETE 5.1 THEF TITLE Director of Fund Admin. and Ops. LERT, RANDALL P NAME 5.2 NAME Weber, George W. 601 N. C STREET

14. Thereby 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY - ST- **Z**IP

6.1 THEE

6.2 NAME

DELETE

3008 N. Narrows Drive, Apt G-201

Change

Addition

Tacoma, WA 98407