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May 07, 1999 8:00 am
Secretary of State

05-07-1999 90119 035 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000000121

1. Corporation Name

RUSSELL FUND DISTRIBUTORS, INC.

Principal Place of Business

ATTN: LEGAL DEPARTMENT
909 A STREET
TACOMA WA 98402

Mailing Address

ATTN: LEGAL DEPARTMENT
909 A STREET
TACOMA WA 98402



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 01/05/1996 4. FEI Number 91-1397660 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent HANISH, FREDERICK M 5850 TG LEE BLVD., STE. 650 ORLANDO FL 32822			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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO <input type="checkbox"/> DELETE	1.1 TITLE	Director and President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDERSON, LYNN L	1.2 NAME	Russell, Eric A.
STREET ADDRESS	6217 139TH PL SE	1.3 STREET ADDRESS	7908 Olympic View Dr. NW
CITY-ST-ZIP	BELLEVUE WA 98006	1.4 CITY-ST-ZIP	Gig Harbor, WA 98335
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EGE, KARL J	2.2 NAME	Gutmann, Linda L.
STREET ADDRESS	933 21ST AVE E	2.3 STREET ADDRESS	108 Rose Place S.W.
CITY-ST-ZIP	SEATTLE WA 98112	2.4 CITY-ST-ZIP	Puyallup, WA 98371
TITLE	AS <input type="checkbox"/> DELETE	3.1 TITLE	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRISWOLD, J. DAVID	3.2 NAME	Anderson, Carla L.
STREET ADDRESS	3006 38TH AVENUE SW	3.3 STREET ADDRESS	1220 E. 70th Street
CITY-ST-ZIP	SEATTLE WA 98126	3.4 CITY-ST-ZIP	Tacoma, WA 98404
TITLE	AS <input type="checkbox"/> DELETE	4.1 TITLE	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUGHS, MARY E	4.2 NAME	Lyons, Gregory J.
STREET ADDRESS	6303 SOUTH 298TH PL.	4.3 STREET ADDRESS	2514 N. Junett St.
CITY-ST-ZIP	AUBURN WA 98001	4.4 CITY-ST-ZIP	Tacoma, WA 98404
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	Director, Compliance <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LERT, RANDALL P	5.2 NAME	B. James Rohrbacher
STREET ADDRESS	601 N. C STREET	5.3 STREET ADDRESS	527 S.W. 335th Street
CITY-ST-ZIP	TACOMA WA 98403	5.4 CITY-ST-ZIP	Federal Way, WA 98023
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES, JOHN C	6.2 NAME	
STREET ADDRESS	3001 VISTA VIEW DR. N.	6.3 STREET ADDRESS	
CITY-ST-ZIP	TACOMA WA 98407	6.4 CITY-ST-ZIP	

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 with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Gregory J. Lyons Assistant Secretary

April 30, 1999 253-591-3534

Date

Daytime Phone #

CR2E034 (11/98)