

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000000155

1. Entity Name
RUSSELL INVESTMENTS, INC.



Principal Place of Business
**937 DODECANESE BLVD.
TARPON SPRINGS, FL 34689**

Mailing Address
**937 DODECANESE BLVD.
TARPON SPRINGS, FL 34689**



01202004 No Chg-P CR2E034 (

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3421257

5. Certificate of Status Desired ☐ **\$8. Fee**

6. Name and Address of Current Registered Agent

**RUSSELL, JULIE A
937 DODECANESE BLVD.
TARPON SPRINGS, FL 34689**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am [initials]
the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
RUSSELL, JULIE ANN
626 EUNICE DR
TARPON SPRINGS, FL 34689**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
RUSSELL, JOHN C. J
626 EUNICE DR
TARPON SPRINGS, FL 34689**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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03/08/04-80101-02**

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/04

Date

721
Daytime



0/03)

Applied For
Not Applicable

Additional
Required

with, and accept

150.00

the information
officer or director
10 or Block 11 if

42 4596