## 2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000002515

Entity Name: RUSSELL FINANCIAL SERVICES, INC.

**Current Principal Place of Business:** 

1301 SECOND AVENUE, FL 18 SEATTLE. WA 98101

**Current Mailing Address:** 

1301 SECOND AVENUE, FL 18 SEATTLE, WA 98101 US

FEI Number: 91-1397660 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title CEO, DIRECTOR Title CFO

Name CANAVAUGH, SANDRA Name MOSS, MATTHEW C.

Address 1301 SECOND AVENUE, FL 18 Address 1301 SECOND AVENUE, FL 18

City-State-Zip: SEATTLE WA 98101 City-State-Zip: SEATTLE WA 98101

Title SECRETARY Title ASST. SECRETARY

Name RHODEN, MARY BETH Name ANDERSON, CARLA L.

Address 1301 SECOND AVENUE, FL 18 Address 1301 SECOND AVENUE, FL 18

City-State-Zip: SEATTLE WA 98101 City-State-Zip: SEATTLE WA 98101

Title DIRECTOR Title DIRECTOR

Name SWANSON, MARK E. Name GOLOB, BRIAN

Address 1301 SECOND AVENUE, FL 18 Address 1301 SECOND AVENUE, FL 18

City-State-Zip: SEATTLE WA 98101 City-State-Zip: SEATTLE WA 98101

Title TREASURER
Name WEBBER, JEAN

Address 1301 SECOND AVENUE, FL 18

City-State-Zip: SEATTLE WA 98101

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CARLA L. ANDERSON ASSISTANT SECRETARY 04/01/2016

Electronic Signature of Signing Officer/Director Detail

Date

FILED Apr 01, 2016

**Secretary of State** 

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