


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**


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

DOCUMENT # F01000005187  
 1. Entity Name  
 WESTAR MORTGAGE, INC.



Principal Place of Business      Mailing Address  
 12650 DARBY BROOKE CT.      12650 DARBY BROOKE CT.  
 WOODBRIDGE, VA 22192      WOODBRIDGE, VA 22192

**DO NOT WRITE IN THIS SPACE**



02032004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 54-1994393      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

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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 familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	PCD
NAME	JONES, WALTER F
STREET ADDRESS	12650 DARBY BROOKE CT.
CITY-ST-ZIP	WOODBRIDGE, VA 22192
TITLE	P
NAME	OSHELL, WALTER
STREET ADDRESS	12650 DARBY BROOKE CT.
CITY-ST-ZIP	WOODBRIDGE, VA 22192
TITLE	S
NAME	MURPHY-ZIMPEL, KATHY
STREET ADDRESS	12650 DARBY BROOKE CT.
CITY-ST-ZIP	WOODBRIDGE, VA 22192
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 03/08/04-80139-023 150.00

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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: \_\_\_\_\_      3/1/04      703-417-2233  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone