**2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# N03000005323**

**Entity Name:** WMF FOUNDATION, INC.

**Current Principal Place of Business:**

149 NEW MONTGOMERY STREET
3RD FLOOR
SAN FRANCISCO, CA 94105

**New Principal Place of Business:**

**Current Mailing Address:**

149 NEW MONTGOMERY STREET
3RD FLOOR
SAN FRANCISCO, CA 94105

**New Mailing Address:**

**FEI Number:** 20-0049703

**FEI Number Applied For:** ( )

**FEI Number Not Applicable:** ( )

**Certificate of Status Desired:** ( )

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

**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

**OFFICERS AND DIRECTORS:**

**Title:** CFA

**Name:** BYRD, GARFIELD MR

**Address:** 149 NEW MONTGOMERY STREET, 3RD FLOOR

**City-St-Zip:** SAN FRANCISCO, CA 94105 US

**Title:** C

**Name:** CHEN, TING MR

**Address:** 149 NEW MONTGOMERY STREET, 3RD FLOOR

**City-St-Zip:** SAN FRANCISCO, CA 94105 US

**Title:** T

**Name:** WEST, STU MR

**Address:** 149 NEW MONTGOMERY STREET, 3RD FLOOR

**City-St-Zip:** SAN FRANCISCO, CA 94105 US

**Title:** ED

**Name:** GARDNER, SUE MS

**Address:** 149 NEW MONTGOMERY STREET, 3RD FLOOR

**City-St-Zip:** SAN FRANCISCO, CA 94105 US

**Title:** DD

**Name:** MC rel, ERIK MR

**Address:** 149 NEW MONTGOMERY STREET, 3RD FLOOR

**City-St-Zip:** SAN FRANCISCO, CA 94105 US

**Title:** GC

**Name:** B R I G H A M, GEOFF MR

**Address:** 149 NEW MONTGOMERY STREET, 3RD FLOOR

**City-St-Zip:** SAN FRANCISCO, CA 94105 US

**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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.**

**SIGNATURE:** GARFIELD BYRD _____________________________ CFA _____________________________

Electronic Signature of Signing Officer or Director Date