

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90041 033 \*\*\*150.00

**DOCUMENT # F93000001823**

1. Entity Name  
**WASHINGTON MUTUAL FINANCE CORPORATION**

Principal Place of Business <b>8900 GRAND OAK CIR  TAMPA FL 33637-1050  US</b>	Mailing Address <b>8900 GRAND OAK CIR  TAMPA FL 33637-1050  US</b>
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**CUU57768**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>95-4128205</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Not Applicable			
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
<b>CT CORPORATION SYSTEM  1200 S. PINE ISLAND ROAD  PLANTATION FL 33324</b>				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				<b>FL</b>		Zip Code	

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TALL, CRAIG E</b>		NAME		
STREET ADDRESS	<b>1201 3RD AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SEATTLE WA 98101</b>		CITY-ST-ZIP		
TITLE	<b>VPS</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARNER, JAMES R</b>		NAME		
STREET ADDRESS	<b>8900 GRAND OAK CIR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TAMPA FL</b>		CITY-ST-ZIP		
TITLE	<b>VP</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHIGLEY, HENRY F</b>		NAME		
STREET ADDRESS	<b>8900 GRAND OAK CIR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TAMPA FL 33637</b>		CITY-ST-ZIP		
TITLE	<b>PD</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHAPMAN, CRAIG J</b>		NAME		
STREET ADDRESS	<b>8900 GRAND OAK CIRCLE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TAMPA FL 33637</b>		CITY-ST-ZIP		
TITLE	<b>AS</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THURSTON, BEVERLY</b>		NAME		
STREET ADDRESS	<b>8900 GRAND OAK CIR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TAMPA FL</b>		CITY-ST-ZIP		
TITLE	<b>VP</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WHITING, GARY E</b>		NAME		
STREET ADDRESS	<b>8900 GRAND OAK CIR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TAMPA FL 33637</b>		CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Beverly Thurston **BEVERLY THURSTON** 4/27/01 (813)632-4500  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)