


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

03-01-2004 90053 035 \*\*\*150.00

|   |                       |  |  |   |  |
|---|-----------------------|--|--|---|--|
| <b>DOCUMENT # F93000001823</b>  |                       |  |  |  |  |
| 1. Entity Name<br>WASHINGTON MUTUAL FINANCE CORPORATION   |                       |  |  |   |  |
| Principal Place of Business<br>8900 GRAND OAK CIR<br>TAMPA, FL 33637-1050 US  |                       |  | Mailing Address<br>8900 GRAND OAK CIR<br>TAMPA, FL 33637-1050 US |   |  |
| 2. Principal Place of Business  |                       | 3. Mailing Address   |  |   |  |
| Suite, Apt. #, etc.   |                       | Suite, Apt. #, etc.  |  |   |  |
| City & State  |                       | City & State   |  |   |  |
| Zip   | Country               | Zip  | Country  | 4. FEI Number<br>95-4128205   | Applied For<br>Not Applicable  |
| 6. Name and Address of Current Registered Agent   |                       |  | 7. Name and Address of New Registered Agent                      |   |  |
| CORPORATION SERVICE COMPANY<br>1201 HAYS STREET<br>TALLAHASSEE, FL 32301-2525   |                       |  | Name   |   |  |
|   |                       |  | Street Address (P.O. Box Number is Not Acceptable)               |   |  |
|   |                       |  | City   | FL  | 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. I am familiar with, and accept the obligations of registered agent.   |                       |  |  |   |  |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |                       |  |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b>   |                       | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | \$5.00 May Be Added to Fees   |  |
| 10. OFFICERS AND DIRECTORS  |                       |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11            |   |  |
| TITLE   | D                     | <input checked="" type="checkbox"/> Delete                                       | TITLE  | FVPSD   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME  | TALL, CRAIG E         |  | NAME   | Jerry T. Burditt  |  |
| STREET ADDRESS  | 1201 3RD AVE          |  | STREET ADDRESS   | 8900 Grand Oak Circle, Tampa, FL 33637  |  |
| CITY-ST-ZIP   | SEATTLE, WA 98101     |  | CITY-ST-ZIP  |   |  |
| TITLE   | FVPS                  | <input checked="" type="checkbox"/> Delete                                       | TITLE  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  | TRACY, DEBORAH ROSE   |  | NAME   |   |  |
| STREET ADDRESS  | 8900 GRAND OAK CIR    |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   | TAMPA, FL 33637       |  | CITY-ST-ZIP  |   |  |
| TITLE   | P                     | <input checked="" type="checkbox"/> Delete                                       | TITLE  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  | GILBERT, DANIEL J     |  | NAME   |   |  |
| STREET ADDRESS  | 8900 GRAND OAK CIR    |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   | TAMPA, FL 33637       |  | CITY-ST-ZIP  |   |  |
| TITLE   | SVP                   | <input type="checkbox"/> Delete  | TITLE  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  | GODDARD, RICHARD E    |  | NAME   |   |  |
| STREET ADDRESS  | 8900 GRAND OAK CIRCLE |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   | TAMPA, FL 33637       |  | CITY-ST-ZIP  |   |  |
| TITLE   | AS                    | <input type="checkbox"/> Delete  | TITLE  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  | THURSTON, BEVERLY     |  | NAME   |   |  |
| STREET ADDRESS  | 8900 GRAND OAK CIR    |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   | TAMPA, FL             |  | CITY-ST-ZIP  |   |  |
| TITLE   | VP                    | <input type="checkbox"/> Delete  | TITLE  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  | WHITING, GARY E       |  | NAME   |   |  |
| STREET ADDRESS  | 8900 GRAND OAK CIR    |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   | TAMPA, FL 33637       |  | CITY-ST-ZIP  |   |  |
| 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: <u>Beverly Thurston</u>  |                       |  | February 23, 2004 813-632-4555                                   |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |                       |  | <small>Date Daytime Phone #</small>                              |   |  |