

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 20, 2003 8:00 am**  
**Secretary of State**

02-20-2003 90128 011 \*\*\*150.00

04/14/03 AV

**DOCUMENT # F93000001823**

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



Principal Place of Business  
**8900 GRAND OAK CIR  
TAMPA FL 33637-1050  
US**

Mailing Address  
**8900 GRAND OAK CIR  
TAMPA FL 33637-1050  
US**



CHECK HERE IF MAKING CHANGES

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 **95-4128205**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TALL, CRAIG E</b>	
STREET ADDRESS	<b>1201 3RD AVE</b>	
CITY-ST-ZIP	<b>SEATTLE WA 98101</b>	
TITLE	<b>VPS</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GARNER, JAMES R</b>	
STREET ADDRESS	<b>8900 GRAND OAK CIR</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>GILBERT, DANIEL J</b>	
STREET ADDRESS	<b>8900 GRAND OAK CIR</b>	
CITY-ST-ZIP	<b>TAMPA FL 33637</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CHAPMAN, CRAIG J</b>	
STREET ADDRESS	<b>8900 GRAND OAK CIRCLE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33637</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> Delete
NAME	<b>THURSTON, BEVERLY</b>	
STREET ADDRESS	<b>8900 GRAND OAK CIR</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>WHITING, GARY E</b>	
STREET ADDRESS	<b>8900 GRAND OAK CIR</b>	
CITY-ST-ZIP	<b>TAMPA FL 33637</b>	

TITLE	<b>FIRST VICE PRESIDENT &amp; SEC.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DEBORAH ROSE TRACY</b>	
STREET ADDRESS	<b>8900 GRAND OAK CIRCLE</b>	
CITY-ST-ZIP	<b>TAMPA, FL 33637</b>	
TITLE	<b>SENIOR VICE PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RICHARD E. GODDARD (ELVIS)</b>	
STREET ADDRESS	<b>8900 GRAND OAK CIRCLE</b>	
CITY-ST-ZIP	<b>TAMPA, FL 33637</b>	
TITLE	<b>SENIOR VICE PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PATRICIA BOUCHER</b>	
STREET ADDRESS	<b>8900 GRAND OAK CIRCLE</b>	
CITY-ST-ZIP	<b>TAMPA, FL 33637</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/02)

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: Beverly Thurston** **REQUIRED** **BEVERLY THURSTON** **2/11/03** **813-632-4555**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #