

**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

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

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