

F00000001874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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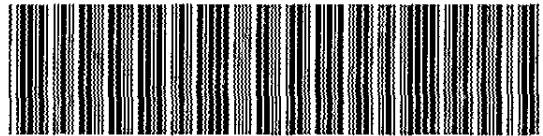
(Business Entity Name)

(Document Number)

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03 MAR 26 PM 4:53  
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TALLAHASSEE, FLORIDA  
03 MAR 28 PM 4:46  
DEPT. OF REVENUE  
DIVISION OF REVENUE  
TALLAHASSEE, FLORIDA

C. Coulliette MAR 28 2003



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 865728 7319193

AUTHORIZATION

COST LIMIT

\$ 35.00

*Patricia Pizutto*

ORDER DATE : March 28, 2003

ORDER TIME : 2:51 PM

ORDER NO. : 865728-150

CUSTOMER NO: - 7319193

CUSTOMER: Ms. Beverly Thurston  
Washington Mutual Finance  
8900 Grand Oak Circle  
Tampa, FL 33637-1050

CHANGE OF AGENT

NAME: WASHINGTON MUTUAL FINANCE,  
INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY

CONTACT PERSON: Carla E. Lohi

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of California in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: WASHINGTON MUTUAL FINANCE, INC. / Aristar mortgage Company
2. The principal office address: 8900 Grand Oak Circle, Tampa, FL 33637
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: April 5, 2000 Document number: F00000000187
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CT Corporation System

1200 South Pine Island Road

Plantation, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company

1201 Hays Street

(P.O. Box or personal mailbox NOT acceptable)

Tallahassee, FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]  
(Signature of an officer, chairman or vice chairman of the board)

Deborah R. Tracy, Vice President  
(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

[Signature]  
(Signature of Registered Agent)

3/28/03  
(Date)

If signing on behalf of an entity:

**Cynthia L. Harris  
as its agent**

(Typed or Printed Name)

(Capacity)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:  
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314