

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004328

FILED
Apr 13, 2006
Secretary of State

Entity Name: FIRST MUTUAL BANK

Current Principal Place of Business:

3105 HARTLEY, SUITE 12B
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1647
BELLEVUE, WA 980091647

New Mailing Address:

FEI Number: 91-0594387

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: FREEMAN, F. KEMPER JR.
Address: P.O. BOX 4186
City-St-Zip: BELLEVUE, WA 980094186

Title: VC () Delete
Name: DOUD, JAMES J JR
Address: P.O. BOX 1647
City-St-Zip: BELLEVUE, WA 980091647

Title: P () Delete
Name: VALAAS, JOHN
Address: P.O. BOX 1647
City-St-Zip: BELLEVUE, WA 980091647

Title: V () Delete
Name: HARLAN, SCOTT
Address: P.O. BOX 1647
City-St-Zip: BELLEVUE, WA 980091647

Title: S () Delete
Name: EASTERLIN, PHYLLIS
Address: P.O. BOX 1647
City-St-Zip: BELLEVUE, WA 980091647

Title: T () Delete
Name: MANDERY, ROGER
Address: P.O. BOX 1647
City-St-Zip: BELLEVUE, WA 980091647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: BERRYMAN, JANINE
Address: P.O. BOX 1647
City-St-Zip: BELLEVUE, WA 980091647

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN SEAN BAIRD

VP

04/13/2006

Electronic Signature of Signing Officer or Director

Date