


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90163 005 \*\*\*158.75

**DOCUMENT # F04000004895**

1. Entity Name  
**WASHINGTON MUTUAL INSURANCE SERVICES, INC.**



Principal Place of Business  
**17876 VON KARMAN AVE.  
 IRVINE, CA 92614**

Mailing Address  
**C/O WASHINGTON MUTUAL, ATTN: JOAN OLDS  
 1201 THIRD AVE., WMT1706  
 SEATTLE, WA 98101**

2. Principal Place of Business  
**17861 Von Karman Ave.**


3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
**Irvine, CA**

City & State  
 City & State

Zip  
**92614**

Country  
**USA**



04062005 Chg-P CR2E034 (10/03)

4. FEI Number  
**95-3840806**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>FORMATO, CARL A</b> <b>17861 VON KARMAN AVE., BLDG. E</b> <b>IRVINE, CA 92614</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>Formato, Carl A.</b> <b>17861 Von Karman Ave., Bldg. E</b> <b>Irvine, CA 92614</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>KRAMER, JOHN D</b> <b>17861 VON KARMAN AVE., BLDG. E</b> <b>IRVINE, CA 92614</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b> <b>HARRISON, LESLIE A</b> <b>17901 VON KARMAN AVE., 5TH FLOOR</b> <b>IRVINE, CA 92614</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Holbrook, Cynthia K.</b> <b>1201 3rd Ave., WMT1706</b> <b>Seattle, WA 98101</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>FRUIT, WILLIAM K</b> <b>75 N. FAIRWAY DRIVE</b> <b>VERNON HILLS, IL 60061</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>GREENLEE, JOHN P</b> <b>17861 VON KARMAN AVE., BLDG. E</b> <b>IRVINE, CA 92614</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FVP</b> <b>Greenlee, John P.</b> <b>17861 Von Karman Ave., Bldg. E</b> <b>Irvine, CA 92614</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>SLEDD, CHARLES M</b> <b>1201 THIRD AVE., WMT1706</b> <b>SEATTLE, WA 98101</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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**  **Cynthia K. Holbrook** **4/15/05** **206-461-8998**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# ATTACHMENT

40067696

Entity Name:  
Document #:

Washington Mutual Insurance Services, Inc.  
F04000004895

## Attachment o Florida Annual Report

### Box 11. Additional Officers:

Robert H. Miles  
*Senior Vice President*  
1201 3<sup>rd</sup> Ave., WMT1501  
Seattle, WA 98101

Leslie A. Harrison  
*First Vice President, Assistant Secretary*  
17901 Von Karman Ave., 5<sup>th</sup> Flr.  
Irvine, CA 92614

Greg J. Nelson  
*First Vice President*  
17861 Von Karman Ave., Bldg. E  
Irvine, CA 92614

Deveri M. Ray  
*First Vice President*  
1191 2<sup>nd</sup> Ave. SAS0921  
Seattle, WA 98101

Jill K. Smith-Ely  
*First Vice President*  
17861 Von Karman Ave., Bldg. E  
Irvine, CA 92614

Cynthia L. Barajas  
*Vice President*  
17861 Von Karman Ave., Bldg. E  
Irvine, CA 92614

Carolyn K. Casteel-Picinich  
*Vice President*  
1501 4<sup>th</sup> Ave., CSQ815  
Seattle, WA 98101

William L. Lynch  
*Assistat Secretary*  
1201 3<sup>rd</sup> Ave., WMT1706  
Seattle, WA 98101

### Box 11. Additional Directors:

Michael L. Amato  
1201 3<sup>rd</sup> Ave., WMT1501  
Seattle, WA 98101

Dyan Beito  
1201 3<sup>rd</sup> Ave., WMT1910  
Seattle, WA 98101

Taj Bindra  
1201 3<sup>rd</sup> Ave., WMT1601  
Seattle, WA 98101

Melissa R. Martinez  
1201 3<sup>rd</sup> Ave., WMT1140  
Seattle, WA 98101

Anthony T. Meola  
75 N. Fairway Dr.  
Vernon Hills, IL 60061

Richard G. Stephenson  
1201 3<sup>rd</sup> Ave., WMT1706  
Seattle, WA 98101