


2007

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

2007 JAN -2 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F06000007779	
1. Entity Name WASHINGTON FINANCIAL MORTGAGE CORP.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8888 KEYSTONE CROSSING	3. Mailing Address 8888 KEYSTONE CROSSING
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Suite, Apt. #, etc. SUITE 1625	Suite, Apt. #, etc. SUITE 1625
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City & State INDIANAPOLIS, IN	City & State INDIANAPOLIS, IN
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Zip 46240	Country MARION	Zip 46240	Country MARION
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4. FEI Number 20-3395177	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name	NRAI Services, Inc.
Street Address (P.O. Box Number is Not Acceptable)	2731 Executive Park Drive, Suite 4
City	Weston FL Zip Code 33331

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 	Charles Casebolt	12/22/2006
<small>Signature, typed or printed name of registered agent and where applicable. (NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</small>

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Charles Casebolt 9323 Castle Knoll Blvd Indianapolis, IN 46250	TITLE NAME STREET ADDRESS CITY - ST - ZIP	600082777866 12/26/06--01052--001 **150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Kevin Eckert 9245 Fireside Dr. Indianapolis, IN 46250	TITLE NAME STREET ADDRESS CITY - ST - ZIP	600082777866 12/26/06--01052--002 **8.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other lists empowered.

SIGNATURE: 	Charles Casebolt	12/22/2006	317-815-8400
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>

CR2E034B (12/02)

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