## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F07000000744

Entity Name: WASHINGTON MUTUAL MORTGAGE SECURITIES CORP.

FILED Apr 24, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
1301 SECOND AVE., MAILSTOP WMC3501 SEATTLE, WA 98101			1301 2ND AVE., WMC3501 SEATTLE, WA 98101		
Current Mailing Address:			New Mailing Address:		
1301 SECO SEATTLE, \		STOP WMC3501	1301 2ND A SEATTLE, V	VE., WMC3501 WA 98101	
FEI Number: 9	94-2528990	FEI Number Applied For ( ) FEI Nu	nber Not Appli	cable ( ) Certificate of Status Desired ( )	
Name and	Address of Cu	rrent Registered Agent:	Name and	Address of New Registered Agent:	
1201 HAYS TALLAHAS	SEE, FL 32301	US			
The above r in the State	named entity su of Florida.	bmits this statement for the purpose o	of changing its	s registered office or registered agent, or both,	
SIGNATUR	E:				
	Electronic	Signature of Registered Agent		Date	
Election Cam	paign Financing T	rust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
OI I IOLIKO	AND DIRECTO	ORS:	ADDITION:	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VS () D ZIELKE, DAVID H 1301 SECOND AV SEATTLE, WA 98	elete /E.,36TH FLR	ADDITIONS  Title: Name: Address: City-St-Zip:	FVPS (X) Change ( ) Addition ZIELKE, DAVID H 1301 2ND AVE.,36TH FLR SEATTLE, WA 98101	
Title: Name: Address:	VS () D ZIELKE, DAVID H 1301 SECOND AV	elete /E.,36TH FLR 8101 elete AS G 5TH FLR	Title: Name: Address:	FVPS (X) Change ( ) Addition ZIELKE, DAVID H 1301 2ND AVE.,36TH FLR	
Title: Name: Address: City-St-Zip: Title: Name: Address:	VS () D ZIELKE, DAVID H 1301 SECOND AV SEATTLE, WA 98 P () D LEHMANN, THOM 1301 2ND AVE., 1	elete /E.,36TH FLR 3101 elete AS G 5TH FLR 3101 elete	Title: Name: Address: City-St-Zip: Title: Name: Address:	FVPS (X) Change ( ) Addition ZIELKE, DAVID H 1301 2ND AVE.,36TH FLR SEATTLE, WA 98101  P (X) Change ( ) Addition ECKERT, ANNE G 2210 ENTERPRISE DR., 2ND FLR.	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	VS () D ZIELKE, DAVID H 1301 SECOND AV SEATTLE, WA 98 P () D LEHMANN, THOM 1301 2ND AVE., 1 SEATTLE, WA 98 VP () D BECK, DAVID 623 FIFTH AVE.,	elete /E.,36TH FLR 8101 elete AS G 5TH FLR 8101 elete 17TH FLR 10022 elete	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	FVPS (X) Change ( ) Addition ZIELKE, DAVID H 1301 2ND AVE.,36TH FLR SEATTLE, WA 98101  P (X) Change ( ) Addition ECKERT, ANNE G 2210 ENTERPRISE DR., 2ND FLR. FLORENCE, SC 29501  T (X) Change ( ) Addition WILLIAMS, ROBERT J 1301 2ND AVE., 32ND FLR.	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	VS () D ZIELKE, DAVID H 1301 SECOND AV SEATTLE, WA 98 P () D LEHMANN, THOM 1301 2ND AVE., 1 SEATTLE, WA 98 VP () D BECK, DAVID 623 FIFTH AVE., NEW YORK, NY V () D BOYLE, HUGH F 1301 2ND AVE., 3 SEATTLE, WA 98	elete /E.,36TH FLR 3101 elete AS G 5TH FLR 3101 elete 17TH FLR 10022 elete 3RD FLR 3104 elete T 52ND FLR	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	FVPS (X) Change ( ) Addition ZIELKE, DAVID H 1301 2ND AVE.,36TH FLR SEATTLE, WA 98101  P (X) Change ( ) Addition ECKERT, ANNE G 2210 ENTERPRISE DR., 2ND FLR. FLORENCE, SC 29501  T (X) Change ( ) Addition WILLIAMS, ROBERT J 1301 2ND AVE., 32ND FLR. SEATTLE, WA 98101  AS (X) Change ( ) Addition O'BRIEN, LINDA D 1301 2ND AVE., 36TH FLR.	

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip: NEW YORK, NY 10022

SIGNATURE: LINDA D. O'BRIEN AS 04/24/2008

City-St-Zip: NEW YORK, NY 10022