


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90053 035 ***150.00

DOCUMENT # F93000001823					
1. Entity Name WASHINGTON MUTUAL FINANCE CORPORATION					
Principal Place of Business 8900 GRAND OAK CIR TAMPA, FL 33637-1050 US			Mailing Address 8900 GRAND OAK CIR TAMPA, FL 33637-1050 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 95-4128205	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			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, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME TALL, CRAIG E STREET ADDRESS 1201 3RD AVE CITY-ST-ZIP SEATTLE, WA 98101	<input checked="" type="checkbox"/> Delete		TITLE FVPSD NAME Jerry T. Burditt STREET ADDRESS 8900 Grand Oak Circle, Tampa, FL 33637 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE FVPS NAME TRACY, DEBORAH ROSE STREET ADDRESS 8900 GRAND OAK CIR CITY-ST-ZIP TAMPA, FL 33637	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P NAME GILBERT, DANIEL J STREET ADDRESS 8900 GRAND OAK CIR CITY-ST-ZIP TAMPA, FL 33637	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SVP NAME GODDARD, RICHARD E STREET ADDRESS 8900 GRAND OAK CIRCLE CITY-ST-ZIP TAMPA, FL 33637	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE AS NAME THURSTON, BEVERLY STREET ADDRESS 8900 GRAND OAK CIR CITY-ST-ZIP TAMPA, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME WHITING, GARY E STREET ADDRESS 8900 GRAND OAK CIR CITY-ST-ZIP TAMPA, FL 33637	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: <i>Beverly Thurston</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			February 23, 2004 813-632-4555 Date Daytime Phone #		