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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	İ
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ACCOUNT NO. : 07210000032

REFERENCE: 865728

7319193

AUTHORIZATION.**

COST LIMIT

ORDER DATE: March 28, 2003

ORDER TIME : 2:11 PM

ORDER NO. : 865728-125

CUSTOMER NO:

7319193

CUSTOMER: Ms. Beverly Thurston

Washington Mutual Finance 8900 Grand Oak Circle Tampa, FL 33637-1050

CHANGE OF AGENT

NAME:

WASHINGTON MUTUAL FINANCE

CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Carla E. Lohi



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	o the provisions of sections 607.0502, 617.0502, 607.1508, or 61	
this statement	ent of change is submitted for a corporation organized under the law	ws of the State of
Delaware	in order to change its registered office or registered ag	zent, or both, in the State
of Florida.		
1. The name of	e of the corporation: WASHINGTON MUTUAL FINANCE CORPORATION	
2. The princip	cipal office address: 8900 Grand Oak Circle, Tampa, FL 33637	ECCH NO.
3. The mailing	ing address (if different):	950 G. F. S.
4. Date of inco	ncorporation/qualification: April 14, 1993 Document num	\$14 m
	e and street address of the current registered agent and registered of Department of State:	fice on file with the
	CT Corporation System	
	1200 South Pine Island Road	
	Plantation, FL 33324	
6. The name changed):	ne and street address of the new registered agent (if changed) and :	d /or registered office (if
	Corporation Service Company	
	1201 Hays Street (P.O. Box or personal mailbox NOT acceptable)	
	Tallahassee, FL 32301	
	ddress of its registered office and the street address of the busines langed will be identical.	
1/4/	by the your authorized by resolution duly adopted by its board of direct by the your for the corporation has been notified in writing of the	
Signature of an office	Deborah R. Tracy, Vice officer, chairman of vice chairman of the board) (Printed or typed name)	and title)
registered age office address	cept the appointment as registered agent and agree to act in this caree to comply with the provisions of all statutes relative to the provise of my duties, and I am familiar with and accept the obligation of agent. Or, if this document is being filed merely to reflect a changes, I hereby confirm that the corporation has been notified in writing	n my position as ne in the registered
Cynthio	(Signature of Registered Agent) (Signature of Registered Agent)	
•	behalf of an entity: Cynthia L. Harris as its agent	
	(Typed or Printed Name) (Capacity)	. ,

* * * FILING FEE: \$35.00 * * *