

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000003958

1. Entity Name
WMF WASHINGTON MORTGAGE CORP.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90047 003 ***150.00

Principal Place of Business 1593 SPRING HILL RD., #400 VIENNA VA 22182	Mailing Address 1593 SPRING HILL RD., #400 VIENNA VA 22182-2245
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 54-1561741	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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE PCD	<input type="checkbox"/> Delete
NAME NARASIMHAN, SHEKAR	
STREET ADDRESS 1593 SPRING HILL RD., #400	
CITY-ST-ZIP VIENNA VA 22182	
TITLE VD	<input type="checkbox"/> Delete
NAME MORITZ, DOUGLAS	
STREET ADDRESS 1593 SPRING HILL RD., #400	
CITY-ST-ZIP VIENNA VA 22182	
TITLE S	<input checked="" type="checkbox"/> Delete
NAME EKSTROM, BARBARA	
STREET ADDRESS 1593 SPRING HILL RD., #400	
CITY-ST-ZIP VIENNA VA 22182	
TITLE TD	<input checked="" type="checkbox"/> Delete
NAME KETCHAM, MICHAEL D	
STREET ADDRESS 1593 SPRING HILL RD., #400	
CITY-ST-ZIP VIENNA VA 22182	
TITLE D	<input type="checkbox"/> Delete
NAME CLOUSER, JAMES	
STREET ADDRESS 379 THORNALL ST., 10TH FL.	
CITY-ST-ZIP EDISON NJ 08837	
TITLE VD	<input type="checkbox"/> Delete
NAME WELBURN, CLARKE B	
STREET ADDRESS 1593 SPRING HILL RD. #400	
CITY-ST-ZIP VIENNA VA 22182	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harrison, James W.
STREET ADDRESS	1593 Spring Hill Road, Suite 400
CITY-ST-ZIP	Vienna, VA 22182
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D/T/V Whitbred-Snyder, Elizabeth
STREET ADDRESS	1593 Spring Hill Road, Suite 400
CITY-ST-ZIP	Vienna, VA 22182
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James W. Harrison Date: 2/8/00 Daytime Phone #: (703) 610 1469

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: James W. Harrison

CR2E034 (9/99)