

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000000336

1. Entity Name

WSMC WHOLESALE FUNDING CORP.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90121 034 ***150.00

Principal Place of Business 10000 FALLS ROAD, STE 300 POTOMAC MD 20854	Mailing Address 10000 FALLS ROAD, STE 300 POTOMAC MD 20854-4103
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 622 Hungerford Dr. #20 Suite, Apt. #, etc. Rockville, Maryland 20850 City & State	3. Mailing Address 622 Hungerford Dr. #20 Suite, Apt. #, etc. Rockville, Maryland 20850 City & State
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4. FEI Number 52-1743371	Applied For Not Applicable
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Zip Mont.	Country Mont.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TAYLOR, DAVE 1331 EAST LAFAYETTE ST, STE C TALLAHASSEE, FL 32301	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input checked="" type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPIEGELMAN, STEVEN A 9300 RIVER ROAD POTOMAC MD	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MILLMAN, LESLIE R 10011 CHAPEL ROAD POTOMAC MD	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SANTUCCI, SANDI 20316 LOCUST GROVE ROAD ROHRERSVILLE MD	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additio
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additio

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: [Signature] Date: Jan 17, 2000 Daytime Phone #: 301 299 1995