

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90014 031 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000003089

1. Corporation Name
WMF CAPITAL CORP.

Principal Place of Business 1593 SPRING HILL ROAD SUITE 400 VIENNA VA 22182	Mailing Address 1593 SPRING HILL ROAD SUITE 400 VIENNA VA 22182
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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3. Date Incorporated or Qualified 06/01/1998	4. FEI Number 54-1879265	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		
TITLE	CD	<input type="checkbox"/> DELETE
NAME	NARASIMHAN, SHEKAR	
STREET ADDRESS	1593 SPRING HILL ROAD, #400	
CITY-ST-ZIP	VIENNA VA 22182	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	GRECO, MICHAEL H	
STREET ADDRESS	121 WEST TRADE STREET	
CITY-ST-ZIP	CHARLOTTE NC 28202	
TITLE	EVTD	<input type="checkbox"/> DELETE
NAME	KETCHAM, MICHAEL D	
STREET ADDRESS	1593 SPRING HILL ROAD, #400	
CITY-ST-ZIP	VIENNA VA 22182	
TITLE	S	<input type="checkbox"/> DELETE
NAME	EKSTROM, BARBARA	
STREET ADDRESS	1593 SPRING HILL ROAD, #400	
CITY-ST-ZIP	VIENNA VA 22182	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WELBURN, CLARKE B	
STREET ADDRESS	1593 SPRING HILL ROAD, #400	
CITY-ST-ZIP	VIENNA VA 22182	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara Ekstrom **SIGNATURE REQUIRED** 3/24/99 703-610-1316
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
BARBARA EKSTROM, SECRETARY

CR2E034 (11/98)