

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

000964

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

04-15-1999 90014 031 ***150.00

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/01/1998

2. Principal Place of Business
21 Suite, Apt. #, etc.

2a. Mailing Address
26 Suite, Apt. #, etc.

4. FEI Number
54-1879265

Applied For
☐ Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

23 Zip Country

28 Zip Country

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

24 Zip Country

29 Zip Country

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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		

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	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DIRECTOR
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:

SIGNATURE REQUIRED
BARBARA EKSTROM, SECRETARY

3/24/99 **703-610-1316**
Date Daytime Phone #

CR2E034 (11/98)