

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000003089

FILED
Apr 30, 2008
Secretary of State

Entity Name: WMF COMMQUOTE, INC.

Current Principal Place of Business:

8401 GREENSBORO DR.
MCLEAN, VA 22102

New Principal Place of Business:

Current Mailing Address:

213 WASHINGTON STREET, 8TH FLOOR
NEWARK, NJ 07102

New Mailing Address:

FEI Number: 54-1879265 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: BOGDEN, JOSEPH
Address: 100 MULBERRY STREET
City-St-Zip: NEWARK, NJ 071023777

Title: EV () Delete
Name: JAMESON, MICHAEL
Address: 4 EMBARCADERO CENTE
City-St-Zip: SAN FRANCISCO, CA 94111

Title: AT () Delete
Name: HOFFMAN, KATHLEEN
Address: 751 BROAD STREET
City-St-Zip: NEWARK, NJ 071023777

Title: CFO () Delete
Name: MCCARTHY, JAMES W
Address: 100 MULBERRY ST.
City-St-Zip: NEWARK, NJ 07102

Title: AT () Delete
Name: SZUHANY, ROBERT
Address: 213 WASHINGTON STREET
City-St-Zip: NEWARK, NJ 071022992

Title: AS () Delete
Name: WELBURN, CLARKE B
Address: 8401 GREENSBORO DR.
City-St-Zip: MCLEAN, VA 22102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT SZUHANY

AT

04/30/2008

Electronic Signature of Signing Officer or Director

_____ Date