

**2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F98000003518

Entity Name: WMF AMERICAS, INC.

**FILED**  
**Sep 11, 2008**  
**Secretary of State****Current Principal Place of Business:**85 PRICE PARKWAY  
FARMINGDALE, NY 11735**New Principal Place of Business:****Current Mailing Address:**85 PRICE PARKWAY  
FARMINGDALE, NY 11735**New Mailing Address:**

FEI Number: 13-1914464

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**LLOPIZ, ONIER ESQ.  
1201 BRICKELL AVE.  
FIFTH FLOOR  
MIAMI, FL 33131 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

**OFFICERS AND DIRECTORS:**Title: PD ( ) Delete  
Name: GLUECK, MARKUS  
Address: 1881 SR 84, SUITE 101  
City-St-Zip: FT. LAUDERDALE, FL 33315 USTitle: DIRE ( ) Delete  
Name: KLAPPROTH, THORSTEN  
Address: 85 PRICE PARKWAY  
City-St-Zip: FARMINGDALE, NY 11735Title: DIRE ( ) Delete  
Name: FLOHR, BERNARD DR  
Address: 85 PRICE PARKWAY  
City-St-Zip: FARMINGDALE, NY 11735Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: VP ( ) Change (X) Addition  
Name: HARRIS, MARK  
Address: 3512 FAITH CHURCH ROAD  
City-St-Zip: INDIAN TRAIL, NC 28079Title: SECT ( ) Change (X) Addition  
Name: FITZGERALD, PATRICK  
Address: 3512 FAITH CHURCH ROAD  
City-St-Zip: INDIAN TRAIL, NCTitle: DIRE ( ) Change (X) Addition  
Name: MUELLER, ULRICH  
Address: 85 PRICE PARKWAY  
City-St-Zip: FARMINGDALE, NY 11735

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: ONIER LLOPIZ

RA

09/11/2008

Electronic Signature of Signing Officer or Director

Date