

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

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 029 ***150.00

DOCUMENT # F98000004734

1. Corporation Name

WMF CARBON MESA ADVISORS, INC.

Principal Place of Business
1593 SPRING HILL ROAD
VIENNA VA 22182

Mailing Address
1593 SPRING HILL ROAD
VIENNA VA 22182

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/19/1998

4. FEI Number

54-1890355

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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

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

(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	
CITY-ST-ZIP	VIENNA VA 22182	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	CLARFIELD, MITCHELL D	
STREET ADDRESS	11601 WILSHIRE BLVD.#2440	
CITY-ST-ZIP	LOS ANGELES CA 90025	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRECO, MICHAEL H	
STREET ADDRESS	121 WEST TRADE STREET, 27TH FLOOR	
CITY-ST-ZIP	CHARLOTTE NC 28202	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	KETCHAM, MICHAEL D	
STREET ADDRESS	1593 SPRING HILL ROAD	
CITY-ST-ZIP	VIENNA VA 22182	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	SONNENBERG, GLENN A	
STREET ADDRESS	11601 WILSHIRE BLVD., #2440	
CITY-ST-ZIP	LOS ANGELES CA 90025	
TITLE	EVPS	<input checked="" type="checkbox"/> DELETE
NAME	WELBURN, CLARKE B	
STREET ADDRESS	1593 SPRING HILL ROAD	
CITY-ST-ZIP	VIENNA VA 22182	

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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	11755 WILSHIRE BLVD #1900
2.4 CITY-ST-ZIP	LOS ANGELES CA 90025
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	11755 WILSHIRE BLVD #1900
5.4 CITY-ST-ZIP	LOS ANGELES CA 90025
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	SECRETARY
6.3 STREET ADDRESS	BARBARA EKSTROM
6.4 CITY-ST-ZIP	1593 SPRING HILL RD #400 VIENNA VA 22182

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BARBARA EKSTROM, SECRETARY

3/24/99 703-610-7316
Date Daytime Phone #

CR2E034 (11/98)