

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F98000004740

1. Corporation Name

WM FINANCIAL SERVICES, INC.

ULH 082478881

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90075 028 ***150.00



Principal Place of Business		Mailing Address			
1201 THIRD AVE., FLOOR 15		1201 THIRD AVE., FLOOR 15			
SEATTLE WA 90		SEATTLE WA 98101			DO NOT WOITE IN THIS COACE
					DO NOT WRITE IN THIS SPACE
					3. Date incorporated or Qualifed
					08/19/1998
2. Principal Pl	ace of Business	2a. Mailing Address			4, FEI Number Applied For
21		28			Терриодого
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired
22		27			
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip Country		Zip Country		у	8. This corporation owes the current year Intangible
24	25		0		Personal Property Tax.
	9. Name and Address of Current	t Registered Agent		1 Name	10. Name and Address of New Registered Agent
COD	DODATION CEDIACE COMPANY		0	1 Name	
	PORATION SERVICE COMPANY	82 Street Ad		2 Street Add	ddress (P.O. Box Number is Not Acceptable)
1201 HAYS STREET			<u> </u>	<u> </u>	
IALL	AHASSEE FL 32301-2525		8	3	
	Experience of the Control	•	8	4 City	85 Zip Code
	的 医脑外属 建二联基		ļ	"	FL
11. Pursuant		2 and 607.1508, Florida Statutes	, the abo	ve-named cor	orporation submits this statement for the purpose of changing its registered
office or re	egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida. Such change was auti	honzed D	v tne corpora:	ation's board of directors. I hereby accept the appointment as registered
-	Transmial with, and accept the congue	John St. Gootleit Co. Louis, F. Land			
SIGNATURE	Signature, typed or printed name of registered agen	it and title if applicable. (NOTE: R	Registered Ag	ent signature requi	ulred when reinstating) DATE
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
I NAME	DAVIS, CRAIG S		12 NAME		•
STREET ADDRESS	1201 THIRD AVE., FLOOR 15	•	1.3 STRE	ET ADDRESS	
CITY-ST-ZIP	SEATTLE WA 98101		1.4 CTTY-	ST-7iP	
TITLE	DP	☐ DELETE	2.1 TITLE		Change Addition
NAME	DAWSON, J. PAMELA	_	2.2 NAME	ì	
ł . · =	1201-THIRD AVE., FLOOR 15			ET ADDRESS	
STREET ADDRESS			1		· ·
CITY-ST-ZIP	SEATTLE WA 98101	DELETE	2. 4 CITY 3.1 TITLE		☐ Change ☐ Addition
TITLE	D APENO OTACEV D				
NAME	ARENS, STACEY D		3.2 NAMI		
STREET ADDRESS	1201 THIRD AVE., FLOOR 15			ET ADDRESS	
CITY-ST-ZIP	SEATTLE WA 98101		3.4. CITY		☐ Change ☐ Addition
TITLE	D	☐ DELETE	4.1 TITLE		Cliarge Addition
NAME	LONGBRAKE, WILLIAM A		4. 2 NAM	E	
STREET ADDRESS	1201 THIRD AVE., FLOOR 15		4.3 STRE	ET ADDRESS	
CITY-ST-ZIP	SEATTLE WA 98101		4.4 CITY-	ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE		∴ Change
NAME	OPPENHEIMER, DEANNA		5.2 NAMI	■	
STREET ADDRESS	1201 THIRD AVE., FLOOR 15		5.3 STRE	ET ADDRESS	
CITY-ST-ZIP	SEATTLE WA 98101		5.4 CITY	ST-ZIP	
TITLE	SVP	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LEPORE, KEN		6.2 NAM	≣	
STREET ADDRESS	1201 THIRD AVE., FLOOR 15		6.3 STRE	ET ADDRESS	
OTHER AUDICESS	CEATTLE WA GOIGE		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 agricular report of supplemental annual report by 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:

D NAME OF SIGNING OFFICER OR DIRECTOR