

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91442 028 ***158.75

0699324 AT

DOCUMENT # F98000004740

1. Entity Name
WM FINANCIAL SERVICES, INC.



Principal Place of Business
**1201 3RD AVE. WMT 1706
SEATTLE WA 98101
US**

Mailing Address
**1201 3RD AVE. WMT 1706
SEATTLE WA 98101
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **91-0523954**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NEMROW, ANABEL
8600 NW 36TH ST.
STE 700
MIAMI FL 33166**

Name
Anabel Nemrow
Street Address (P.O. Box Number is Not Acceptable)
**8050 SW 10th St.
Building Four-Suite 1000
City Plantation, FL Zip Code 33324**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/21/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **DAVIS, CRAIG S**
STREET ADDRESS **1201 3RD AVE. WMT 1601**
CITY-ST-ZIP **SEATTLE WA 98101**

TITLE **DP** ☒ Change ☒ Addition
NAME **Calvo, Joel**
STREET ADDRESS **1201 3rd Ave., WMT1501**
CITY-ST-ZIP **Seattle, WA 98101**

TITLE **D** ☐ Delete
NAME **AMATO, MICHAEL L**
STREET ADDRESS **1201 3RD AVE. WMT 1501**
CITY-ST-ZIP **SEATTLE WA 98101**

TITLE **D** ☐ Change ☒ Addition
NAME **Casey, Thomas W.**
STREET ADDRESS **1201 3rd Ave., WMT1601**
CITY-ST-ZIP **Seattle, WA 98101**

TITLE **D** ☒ Delete
NAME **ARENS, STACEY D**
STREET ADDRESS **17875 VON KARMAN**
CITY-ST-ZIP **IRVINE CA 92614**

TITLE **D** ☐ Change ☒ Addition
NAME **Davis, James Bradley**
STREET ADDRESS **999 3rd Ave., Ste. 2913**
CITY-ST-ZIP **Seattle, WA 98101**

TITLE **D** ☒ Delete
NAME **Longbrake, William A**
STREET ADDRESS **1201 3RD AVE. WMT 1601**
CITY-ST-ZIP **SEATTLE WA 98101**

TITLE **D** ☐ Change ☒ Addition
NAME **Oppenheimer, Deanna Watson**
STREET ADDRESS **1201 3rd Ave., WMT1601**
CITY-ST-ZIP **Seattle, WA 98101**

TITLE **D** ☒ Delete
NAME **CORNICK, JACK A**
STREET ADDRESS **1201 3RD AVE. WMT 1601**
CITY-ST-ZIP **SEATTLE WA 98101**

TITLE **D** ☐ Change ☒ Addition
NAME **Ruby, Dale C.**
STREET ADDRESS **3349 Michelson Dr., Ste. 450**
CITY-ST-ZIP **Irvine, CA 92612**

TITLE **PD** ☐ Delete
NAME **CALVO, JOEL**
STREET ADDRESS **3351 MICHELSON DR., STE. 400**
CITY-ST-ZIP **IRVINE CA 92612**

TITLE **D** ☐ Change ☒ Addition
NAME **Simonson, Mary K.**
STREET ADDRESS **3351 Michelson Dr., Ste. 400**
CITY-ST-ZIP **Irvine, CA 92612**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] **REQUIRED**

Michelle L. Coe

4-14-03

(206) 461-8998

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)