


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # H61851</b> 1. Entity Name <b>SUNPOINT FINANCIAL CORPORATION</b>						<b>FILED</b> 04 APR 29 AM 11:01 700034757987 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>2601 10TH AVE. NO. LAKE WORTH, FL 33461 US</b>				Mailing Address <b>1201 THIRD AVE. WMT 1706 SEATTLE, WA 98101</b>			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address <b>1201 3rd Ave., WMT1706</b> Suite, Apt. #, etc.			
City & State				City & State <b>Seattle, WA</b>			
Zip <b>98101</b>		Country <b>US</b>		4. FEI Number <b>59-2529220</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>  <b>NEMROW, ANABEL I 8050 SW 10TH STREET BUILDING FOUR-SUITE 1000 PLANTATION, FL 33324</b>				<b>7. Name and Address of New Registered Agent</b> Name <b>Corporation Service Company</b> Street Address (P.O. Box Number is Not Acceptable) <b>1201 Hays Street</b> City <b>Tallahassee, FL</b> Zip Code <b>32301</b>			
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 <i>Deborah D. Skipper</i> Signature, typed or printed name of registered agent and title if applicable				<b>Deborah D. Skipper</b> Asst. V. Pres			
DATE <b>4/29/04</b>				(NOTE: Registered Agent signature required when reinstating)			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOMINGO, MARANGAL I 1201 3RD AVENUE, WMT 1601 SEATTLE, WA 98101	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Michael J. Kula 1201 3rd Ave., WMT1601 Seattle, WA 98101	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KITNER, MARC R 1201 3RD AVE., WMT1706 SEATTLE, WA 98101	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KULA, MICHAEL J 1201 3RD AVE., WMT1601 SEATTLE, WA 98101	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Laurie K. Hanson 999 3rd Ave., FIS1520 Seattle, WA 98104	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRENNAN, CAREY M 1201 3RD AVENUE, WMT 1706 SEATTLE, WA 98101	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COE, MICHELLE L 999 3RD AVENUE, FIS 1520 SEATTLE, WA 98101	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Michelle L. Coe 999 3rd Ave., FIS1520 Seattle, WA 98104	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS OLDS, JOAN I 1201 3RD AVENUE, WMT 1706 SEATTLE, WA 98101	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Elizabeth A. Proctor 1201 3rd Ave., WMT1706 Seattle, WA 98101	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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: <i>Elizabeth A. Proctor</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				<b>Elizabeth A. Proctor</b>			
DATE <b>4/21/04</b>				(206) 461-8998			



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 599147 5124206

AUTHORIZATION :

COST LIMIT : \$ 158.75

ORDER DATE : April 28, 2004

ORDER TIME : 11:56 AM

ORDER NO. : 599147-025

CUSTOMER NO: 5124206

CUSTOMER: Joan Olds  
Washington Mutual Bank  
1201 Third Avenue, Wmt 1706  
Washington Mutual Tower  
Seattle, WA 98101

ANNUAL REPORT FILING

NAME: SUNPOINT FINANCIAL  
CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - Ext. 2940

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
04 APR 29 PM 2:57  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA