

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000062488

FILED
Apr 01, 2010
Secretary of State

Entity Name: WSF RECEIVABLES I, LLC

Current Principal Place of Business:

701 PARK COMMERCE BLVD., SUITE 301
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

701 PARK COMMERCE BLVD., SUITE 301
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 26-1099574

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR., SUITE 4
WESTON, FL 33331 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

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: MEISTER, MARGARET A MANAGER
Address: 777 108TH AVE NE, SUITE 1200
City-St-Zip: BELLEVUE, WA 980045135 US

Title: MGR
Name: PAGOS, GEORGE C
Address: 777 108TH AVE NE, SUITE 1200
City-St-Zip: BELLEVUE, WA 980045135 US

Title: MGR
Name: TALBOT, RANDALL H
Address: 777 108TH AVE NE, SUITE 1200
City-St-Zip: BELLEVUE, WA 980045135 US

Title: PRES
Name: DAVIES, JENNIFER V
Address: 777 108TH AVE NE, SUITE 1200
City-St-Zip: BELLEVUE, WA 980045135 US

Title: VP
Name: FLORA-BARLOW, LYDIA M
Address: 777 108TH AVE NE, SUITE 1200
City-St-Zip: BELLEVUE, WA 980045135 US

Title: VP/T
Name: HUBBARD, LAURIE A
Address: 777 108TH AVE NE, SUITE 1200
City-St-Zip: BELLEVUE, WA 980045135 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JERRY KISSINGER

CC

04/01/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date