

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90035 044 ****50.00

DOCUMENT # M00000000923

1. Entity Name

WASHINGTON MUTUAL FINANCE, LLC

Principal Place of Business

**8900 GRAND OAK CIRCLE
 TAMPA FL 33637-1050**

Mailing Address

**8900 GRAND OAK CIRCLE
 TAMPA FL 33637-1050**

945837



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3637412

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: **MGR** Delete
 NAME: **WASHINGTON MUTUAL FINANCE CORPORATION**
 STREET ADDRESS: **8900 GRAND OAK CIRCLE**
 CITY-ST-ZIP: **TAMPA FL 33637-1050**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: **PD** Delete
 NAME: **SHIGLEY, HENRY F**
 STREET ADDRESS: **8900 GRAND OAK CIRCLE**
 CITY-ST-ZIP: **TAMPA FL 33637-1050**

TITLE: **President** Change Addition
 NAME: **Daniel J. Gilbert**
 STREET ADDRESS: **8900 Grand Oak Circle**
 CITY-ST-ZIP: **Tampa, FL 33637**

TITLE: **SVSD** Delete
 NAME: **GARNER, JAMES R**
 STREET ADDRESS: **8900 GRAND OAK CIRCLE**
 CITY-ST-ZIP: **TAMPA FL 33637-1050**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: **SVD** Delete
 NAME: **GARDNER E. WHITING, III**
 STREET ADDRESS: **8900 GRAND OAK CIRCLE**
 CITY-ST-ZIP: **TAMPA FL 33637-1050**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: **AS** Delete
 NAME: **THURSTON, BEVERLY**
 STREET ADDRESS: **8900 GRAND OAK CIRCLE**
 CITY-ST-ZIP: **TAMPA FL 33637-1050**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

11. 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 is true and accurate and that my 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: *Beverly Thurston* **REQUIRED** Beverly Thurston A pril 5, 2002 813-632-4555

CR2E083 (9/01)