

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000062488

Entity Name: WSF RECEIVABLES I, LLC**Current Principal Place of Business:**777 108TH AVE NE
SUITE 1200
BELLEVUE, WA 98004-5135**Current Mailing Address:**PO BOX 34690
SEATTLE, WA 98124-1690 US**FEI Number:** 26-1099574**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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

Authorized Person(s) Detail :

Title MANAGER
Name MEISTER, MARGARET A
Address 777 108TH AVE NE
SUITE 1200
City-State-Zip: BELLEVUE WA 98004-5135

Title VP
Name BAKER, STEPHEN R
Address 777 108TH AVE NE
SUITE 1200
City-State-Zip: BELLEVUE WA 98004-5135

Title SECRETARY
Name VENEZIANI, JACQUELINE M
Address 777 108TH AVE NE
SUITE 1200
City-State-Zip: BELLEVUE WA 98004-5135

Title ASST. SECRETARY
Name MURPHY, COLLEEN M
Address 777 108TH AVE NE
SUITE 1200
City-State-Zip: BELLEVUE WA 98004-5135

Title MANAGER
Name BALKOVETZ, CHANTEL
Address 777 108TH AVE NE
SUITE 1200
City-State-Zip: BELLEVUE WA 98004-5135

Title AVP
Name SAUL, MICHAEL D
Address 777 108TH AVE NE
SUITE 1200
City-State-Zip: BELLEVUE WA 98004-5135

Title PRESIDENT
Name BALKOVETZ, CHANTEL
Address 777 108TH AVE NE
SUITE 1200
City-State-Zip: BELLEVUE WA 98004-5135

Title ASST. SECRETARY
Name BODMER, JULIE M
Address 777 108TH AVE NE
SUITE 1200
City-State-Zip: BELLEVUE WA 98004-5135

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I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JACQUELINE M VENEZIANI**SECRETARY****04/10/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title	ASST. TREASURER
Name	PESSOA, MELISSA
Address	777 108TH AVE NE SUITE 1200
City-State-Zip:	BELLEVUE WA 98004-5135