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FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **847189** **(8)**

1. Corporation Name
PULTE MORTGAGE CORPORATION

Principal Place of Business	Mailing Address
6061 S WILLOW DR STE 300 GREENWOOD VILLAGE CO 80111	33 BLOOMFIELD HILLS PKWY . STE. 200 BLOOMFIELD HILLS MI 48304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/13/1980

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number
38-1983347
☐ Applied For
☐ Not Applicable

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

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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CPC	☒ DELETE	1.1 TITLE	V	☐ Change ☒ Addition
NAME	LECLAIRE, JEFFERY D		1.2 NAME	HARDIN, RODNEY D.	
STREET ADDRESS	6061 S WILLOW DR		1.3 STREET ADDRESS	6061 S. WILLOW DR, STE 300	
CITY-ST-ZIP	GREENWOOD VILLAGE CO 80111		1.4 CITY-ST-ZIP	GREENWOOD VILLAGE, CO 80111	
TITLE	D	☒ DELETE	2.1 TITLE	DVS	☐ Change ☒ Addition
NAME	HOLLERBACH, MICHAEL D.		2.2 NAME	STILL, DEBRA W.	
STREET ADDRESS	33 BLOOMFIELD HILLS PKWY, STE 200		2.3 STREET ADDRESS	6061 S. WILLOW DR, STE 300	
CITY-ST-ZIP	BLOOMFIELD HILLS MI 48304		2.4 CITY-ST-ZIP	GREENWOOD VILLAGE, CO 80111	
TITLE	V	☒ DELETE	3.1 TITLE	VTASC	☐ Change ☒ Addition
NAME	IVERSON, KEVIN R.		3.2 NAME	BRUINING, DAVID M.	
STREET ADDRESS	6061 S. WILLOW DR.		3.3 STREET ADDRESS	6061 S. WILLOW DR, STE 300	
CITY-ST-ZIP	GREENWOOD VILLAGE CO 80111		3.4 CITY-ST-ZIP	GREENWOOD VILLAGE, CO 80111	
TITLE	V	☒ DELETE	4.1 TITLE	V	☐ Change ☒ Addition
NAME	BULLARD, WILLIAM A		4.2 NAME	MORAN, JEFFREY S.	
STREET ADDRESS	401 HARRISON OAKS BLVD., STE. 305		4.3 STREET ADDRESS	6061 S. WILLOW DR, STE 300	
CITY-ST-ZIP	CARY NC 27513		4.4 CITY-ST-ZIP	GREENWOOD VILLAGE, CO 80111	
TITLE	DVAS	☒ DELETE	5.1 TITLE	VAS	☐ Change ☒ Addition
NAME	STOLLER, JOHN R.		5.2 NAME	COLETTE R. ZUKOFF	
STREET ADDRESS	33 BLOOMSIELD HILLS PKWY., STE. 200		5.3 STREET ADDRESS	33 BLOOMFILED HILLS PKWY, STE 200	
CITY-ST-ZIP	BLOOMFIELD HILLS MI 48304		5.4 CITY-ST-ZIP	BLOOMFIELD HILLS, MI 48304	
TITLE	VSTD	☐ DELETE	6.1 TITLE	DP/CEO/CFO	☒ Change ☐ Addition
NAME	PASTORE, ROGER C.		6.2 NAME	PASTORE, ROGER C.	
STREET ADDRESS	6061 S. WILLOW DR.		6.3 STREET ADDRESS	6061 S. WILLOW DR, STE 300	
CITY-ST-ZIP	GREENWOOD VILLAGE CO 80111		6.4 CITY-ST-ZIP	GREENWOOD VILLAGE, CO 80111	

CR2E034 (10/97)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ COLETTE R. ZUKOFF (248) 644-7300