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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P38053

1. Corporation Name

~~KOCK HOMES, INC~~ SHEA HOMES, INC.
(See Attachment)

Principal Place of Business	Mailing Address
6710 N. SCOTTSDALE RD. STE 150 SCOTTSDALE AZ 85253-4424 US	6710 N SCOTTSDALE RD STE 150 SCOTTSDALE AZ 85253-4424 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 655 Brea Canyon Rd.	26 655 Brea Canyon Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State: 23 Walnut, CA	City & State: 28 Walnut, CA
Zip: 24 91789 Country: 25 LA	Zip: 29 91789 Country: 30 LA

3. Date Incorporated or Qualifed: 03/25/1992

4. FEI Number: 86-0702254 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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	DC	☒ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	BROWN, DREW M		1.2 NAME	John F. Shea	
STREET ADDRESS	4201 N. 24TH ST., STE. 120		1.3 STREET ADDRESS	655 Brea Canyon Rd.	
CITY-ST-ZIP	PHOENIX AZ		1.4 CITY-ST-ZIP	Walnut, CA 91789-0489	
TITLE	D	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	KAUFMANN, GADI		2.2 NAME	Edmund H. Shea, Jr.	
STREET ADDRESS	11111 SANTA MONICA BLVD #1800		2.3 STREET ADDRESS	655 Brea Canyon Rd.	
CITY-ST-ZIP	LOS ANGELES CA		2.4 CITY-ST-ZIP	Walnut, CA 91789-0489	
TITLE	D	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	MCCABE, JAMES L		3.2 NAME	Peter O. Shea	
STREET ADDRESS	2002 RENAISSANCE BLVD #230		3.3 STREET ADDRESS	655 Brea Canyon Rd.	
CITY-ST-ZIP	KING OF PRUSSIA PA		3.4 CITY-ST-ZIP	Walnut, CA 91789-0489	
TITLE	D	☒ DELETE	4.1 TITLE	P	☐ Change ☒ Addition
NAME	DORRANCE, BENNETT		4.2 NAME	Roy Humphreys	
STREET ADDRESS	4201 N. 24TH ST., STE. 120		4.3 STREET ADDRESS	655 Brea Canyon Rd.	
CITY-ST-ZIP	PHOENIX AZ 85016		4.4 CITY-ST-ZIP	Walnut, CA 91789-0489	
TITLE	D	☒ DELETE	5.1 TITLE	VP	☐ Change ☒ Addition
NAME	SKLAR, MARK N		5.2 NAME	Ronald L. Lakey	
STREET ADDRESS	4201 N. 24TH ST., STE. 120		5.3 STREET ADDRESS	655 Brea Canyon Rd.	
CITY-ST-ZIP	PHOENIX AZ 85016		5.4 CITY-ST-ZIP	Walnut, CA 91789-0489	
TITLE	D	☒ DELETE	6.1 TITLE	VP	☐ Change ☒ Addition
NAME	AZRACK, JOSEPH		6.2 NAME	Max B. Johnson	
STREET ADDRESS	225 FRANKLIN ST 25TH FLOOR		6.3 STREET ADDRESS	655 Brea Canyon Rd.	
CITY-ST-ZIP	BOSTON MA		6.4 CITY-ST-ZIP	Walnut, CA 91789-0489	

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: _____ 2-11-99 909-594-0941
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #