

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 847189 1. Corporation Name

PULTE MORTGAGE CORPORATION

Mailing Address

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90141 019 ***150.00



Principal Place	e or business	Mailing Address						
6061 S WILLOW DR STE 300 33 BLOO		33 BLOOMFIELD HILLS PKWY BLOOMFIELD HILLS MI 48304	Bloomfield Hills PKWY . Ste. 200 Domfield Hills Mi 48304		DO NOT WRITE IN THIS SP	PACE		
						AUL		
					3. Date incorporated or Qualifed			
					10/13/1980	A !!		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		ed For	
21 26					38-1983347		pplicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired	cate of Status Desired S8.75 Additional Fee Required		
City & Stat	e- · · · -	City & State	- '	•	6. Election Campaign Financing	\$5.00 Ma	ay Be	
23		28			Trust Fund Contribution	Added to F	ees	
Zip	Zip Country Zip				8. This corporation owes the current year Intang	jible		
24	25 29		30		Personal Property Tax. Yes XNo			
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered Ag	ent		
			81	Name				
CT C	CORPORATION SYSTEM		82					
1200 S. PINE ISLAND ROAD				Street Address (P.O. Box Number is Not Acceptable)				
	NTATION FL 33324		83	}				
. • •	FOLK GOD MINGS LAR	f : + 5	33					
	THE STORY OF THE KILL		84	City	FL	85 Zip Cod	de	
	the state of the s			L	· · · · · · · · · · · · · · · · · · ·		-1-4	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes,	the above	e-named	corporation submits this statement for the purpose of character's board of directors. I hereby accept the appointment	anging its reg nent as renis	gisterea fered	
office of r	m familiar with, and accept the obligat	ions of, Section 607.0505, Florida	Statutes		oration's board of directors. Thereby accept the appearan			
SIGNATURE	, , , , , , , , , , , , , , , , , , ,							
JIONATORE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: Re	gistered Ager	t signature	required when reinstating) DATE			
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND I			
TITLE	V	☐ DELETE	1.1 TITLE		ነ] Change	Addition	
NAME	HARDIN, RODNEY D		1.2 NAME					
STREET ADDRESS	6061 S WILLOW DR, STE 300		1.3 STREET	TADDRESS				
CITY-ST-ZIP	GREENWOOD VILLAGE CO 801	11	1.4 C/TY-S	T- Z!P				
TITLE	DVS	DELETE	2.1 TITLE		D/V/S X	XChange .	Addition	
	STILL, DEBRA W		2.2 NAME		Still, Debra W.			
NAME	6061 S WILLOW DR, STE 300				6061 S. Willow Drive, Ste 300			
STREET ADDRESS	1							
CITY-ST-ZIP	BLOOMFIELD HILLS MI 48304	C) per ere	2.4 CITY-5	T-ZIP	Greenwood Village, CO 80111	Change	Addition	
TITLE	VTSC	DELETE	3.1 TITLE		V/T Bruining, David M.	V aurilla		
NAME	BRUINING, DAVID M	i	3.2 NAME		16061 C 11411 am Dr. Cto 200			
STREET ADDRESS	,		3.3 STREET	r address				
CITY-ST-ZIP	GREENWOOD VILLAGE CO 801		3.4, CITY-5	IT-ZIP	Greenwood Village, CO 80111		=	
TITLE	<u>v</u>	☐ DELETE	4,1 TITLE		ļ	Change	Addition	
NAME	MORAN, JEFFREY S	j	4, 2 NAME					
STREET ADDRESS	6061 S WILLOW DR, STE 300	1	4.3 STREE	TADDRESS				
CITY-ST-ZIP	GREENWOOD VILLAGE CO 801	111	4.4 CITY-S	T-ZIP				
TITLE	VAS	☐ D£LETE	5.1 TITLE		· [Change	Addition	
NAME	ZUKOFF, COLETTE R		52 NAME					
STREET ADDRESS		STE 200	5.3 STREE	T ADDRESS				
)	OTE. 200	5.4 CITY-S					
CITY-ST-ZIP	BLOOMFIELD HILLS MI 48304	☐ DELETE	6.1 TITLE		D/P/CEO	Change	[X Addition	
TITLE	PCEO	□ ntreic	6.2 NAME		Pastore, Roger C.			
NAME	PASTORE, ROGER C.	+	l.					
STREET ADDRESS					6061 S. Willow Dr., Ste 300			
CITY-ST-ZIP	GREENWOOD VILLAGE CO 801	111	6.4 CITY-S	T-ZIP	Greenwood Village, CO 80111			

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 chapged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

るQUIRED OFFICER OR DIRECTOR

Colette R. Zukoff 4/13/99

248-644-7300