

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 29 PM 3:51

DOCUMENT # 855992 1. Entity Name THE WILLIAM LYON COMPANY					
Principal Place of Business ATTN: TAX DEPT P O BOX 7520 NEWPORT BEACH, CA 92658-7520 US			Mailing Address ATTN: TAX DEPT P O BOX 7520 NEWPORT BEACH, CA 92658-7520 US		
2. Principal Place of Business Attention: Tax Dept.		3. Mailing Address Attention: Tax Dept.			
Suite, Apt. #, etc. P. O. Box 8858		Suite, Apt. #, etc. P. O. Box 8858		11032005 REIN-P CR2E098 (6/04)	
City & State Newport Beach, CA		City & State Newport Beach, CA		4. FEI Number 33-0282796	
Zip 92658-8858		Country US		5. Certificate of Status Desired - <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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. I am familiar with, and accept the obligations of registered agent. <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> PETER F. SOUZA ASSISTANT SECRETARY SIGNATURE </div> <div style="text-align: right;"> 11/22/05 DATE </div> </div> <p style="font-size: small; text-align: center;">(NOTE: Registered Agent signature required when reinstating)</p>					
FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC LYON, WILLIAM 4490 VON KARMAN NEWPORT BCH, CA	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVST ROBINSON, RICHARD S 4490 VON KARMAN NEWPORT BEACH, CA	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP HESSON, DIXIE M 4490 VON KARMAN NEWPORT BEACH, CA 92660	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARDGRAVE, CYNTHIA E 4490 VON KARMAN NEWPORT BCH, CA	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GRUBBS, MICHAEL D 4490 VON KARMAN NEWPORT BEACH, CA 92660	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 5px;"> 000061259340 11/08/05--01046--008 **750.00 </div>				
12. 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 or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: X			Richard S. Robinson, Sr. Vice Pr.		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 11/04/05 Daytime Phone # (949) 833-3600		

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