

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000000485

FILED  
Apr 08, 2008  
Secretary of State

Entity Name: HOME BUILDERS INSTITUTE INCORPORATED

**Current Principal Place of Business:**

1201 15TH STREET N.W.  
SIXTH FLOOR  
WASHINGTON, DC 20005

**New Principal Place of Business:**

**Current Mailing Address:**

1201 15TH STREET N.W.  
SIXTH FLOOR  
WASHINGTON, DC 20005

**New Mailing Address:**

FEI Number: 52-1266885      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THOMPSON, PAUL M CAE  
201 EAST PARK AVENUE  
TALLAHASSEE, FL 32301      US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: C      ( ) Delete  
Name: PAUL, WILLIAM  
Address: PO BOX 909  
City-St-Zip: NEW PORT RICHEY, FL 34656

Title: VC      ( ) Delete  
Name: MOFFITT, JOHN  
Address: 5300 COLLEGE BOULEVARD  
City-St-Zip: OVERLAND PARK, KS 66211

Title: P      ( ) Delete  
Name: HUMPHREYS, FREDERICK N  
Address: 1201 15TH STREET SIXTH FLOOR N.W.  
City-St-Zip: WASHINGTON, DC 20005

Title: T      ( ) Delete  
Name: HARRISON, EDWARD S  
Address: 1201 15TH STREET SIXTH FLOOR N.W.  
City-St-Zip: WASHINGTON, DC 20005

Title: S      ( ) Delete  
Name: BRAY, LAURA  
Address: 1201 15TH STREET SIXTH FLOOR N.W.  
City-St-Zip: WASHINGTON, DC 20005

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: C      (X) Change ( ) Addition  
Name: MOFFITT, JOHN  
Address: 5300 COLLEGE BOULEVARD  
City-St-Zip: OVERLAND PARK, KS 66211

Title: VC      (X) Change ( ) Addition  
Name: WEISS, MIKE  
Address: P. O. BOX 1066  
City-St-Zip: CARMEL, IN 46082

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD S HARRISON

T

04/08/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date