


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90112 035 \*\*\*150.00

<b>DOCUMENT # F04000000302</b>					
<b>1. Entity Name</b> M/I HOMES SERVICE CORP.					
<b>Principal Place of Business</b> 3 EASTERN OVAL, STE 500 COLUMBUS, OH 43219 <i>Easton</i>			<b>Mailing Address</b> 3 EASTERN OVAL, STE 500 COLUMBUS, OH 43219 <i>Easton</i>		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 31-1626248	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Signature, typed or printed name of registered agent and title if applicable					
<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> C <b>NAME</b> SCHOTTENSTEIN, IRVING E <b>STREET ADDRESS</b> 3 EASTERN OVAL, STE 500 <b>CITY-ST-ZIP</b> COLUMBUS, OH 43219	<input checked="" type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> SCHOTTENSTEIN, STEVEN <b>STREET ADDRESS</b> 3 EASTERN OVAL, STE 500 <b>CITY-ST-ZIP</b> COLUMBUS, OH 43219	<input type="checkbox"/> Delete		<b>TITLE</b> Director and COO <b>NAME</b>  <b>STREET ADDRESS</b> 3 Easton Oval, Suite 500 <b>CITY-ST-ZIP</b> 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> DP <b>NAME</b> SCHOTTENSTEIN, ROBERT H <b>STREET ADDRESS</b> 3 EASTERN OVAL, STE 500 <b>CITY-ST-ZIP</b> COLUMBUS, OH 43219	<input type="checkbox"/> Delete		<b>TITLE</b> Director, President and CEO <b>NAME</b>  <b>STREET ADDRESS</b> 3 Easton Oval, Suite 500 <b>CITY-ST-ZIP</b> 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VP <b>NAME</b> ROBERTS, WILLIAM A <b>STREET ADDRESS</b> 3 EASTERN OVAL, STE 500 <b>CITY-ST-ZIP</b> COLUMBUS, OH 43219	<input type="checkbox"/> Delete		<b>TITLE</b> VP and Treasurer <b>NAME</b>  <b>STREET ADDRESS</b> 3 Easton Oval, Suite 500 <b>CITY-ST-ZIP</b> 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> T <b>NAME</b> CREEK, PHILLIP G <b>STREET ADDRESS</b> 3 EASTERN OVAL, STE 500 <b>CITY-ST-ZIP</b> COLUMBUS, OH 43219	<input type="checkbox"/> Delete		<b>TITLE</b> Director, SVP and CFO <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> C <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE: Phillip G. Creek</b>			<b>Phillip G. Creek, SVP, CFO</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>03-28-05</b> Daytime Phone # <b>614-418-8227</b>		