

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # F04000000302

1. Entity Name
M/I HOMES SERVICE CORP.



Principal Place of Business
3 EASTON OVAL, STE 500
COLUMBUS, OH 43219

Mailing Address
3 EASTON OVAL, STE 500
COLUMBUS, OH 43219



04142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-1626248

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DCOO
NAME SCHOTTENSTEIN, STEVEN
STREET ADDRESS 3 EASTON OVAL, SUITE 500
CITY-ST-ZIP COLUMBUS, OH 43219

TITLE DPC
NAME SCHOTTENSTEIN, ROBERT H
STREET ADDRESS 3 EASTON OVAL, SUITE 500
CITY-ST-ZIP COLUMBUS, OH 43219

TITLE VPT
NAME ROBERTS, WILLIAM A
STREET ADDRESS 3 EASTON OVAL, SUITE 500
CITY-ST-ZIP COLUMBUS, OH 43219

TITLE DSVP
NAME CREEK, PHILLIP G
STREET ADDRESS 3 EASTON OVAL, STE 500
CITY-ST-ZIP COLUMBUS, OH 43219

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000526350
05/04/06-80070-024 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Phillip G. Creek*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Phillip G. Creek, SVP

04-18-06

Date

614-418-8227

Daytime Phone #