

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000003685 (5)

1. Corporation Name

NVR HOMES, INC.

Principal Place of Business

Mailing Address

7601 LEWINSVILLE ROAD
ATTN: TAX DEPT
MCLEAN VA 22102
US

7601 LEWINSVILLE ROAD
ATTN: TAX DEPT
MCLEAN VA 22102
US



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
STE. #105
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	C	<input type="checkbox"/> DELETE
NAME	SCHAR, DWIGHT C	
STREET ADDRESS	7601 LEWINSVILLE ROAD	
CITY-ST-ZIP	MCLEAN VA	
TITLE	P	<input type="checkbox"/> DELETE
NAME	CANNIZZO, MICHAEL	
STREET ADDRESS	7601 LEWINSVILLE ROAD	
CITY-ST-ZIP	MCLEAN VA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SAVILLE, PAUL C	
STREET ADDRESS	7601 LEWINSVILLE ROAD	
CITY-ST-ZIP	MCLEAN VA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SEREMET, DENNIS M	
STREET ADDRESS	7601 LEWINSVILLE ROAD	
CITY-ST-ZIP	MCLEAN VA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SACK, JAMES M	
STREET ADDRESS	7601 LEWINSVILLE ROAD	
CITY-ST-ZIP	MCLEAN VA	
TITLE	AVP	<input type="checkbox"/> DELETE
NAME	DIETZ, ERNEST W	
STREET ADDRESS	7601 LEWINSVILLE RD	
CITY-ST-ZIP	MCLEAN VA	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	400001833894
4.3 STREET ADDRESS	--05/22/96--01019--020
4.4 CITY-ST-ZIP	***200.00
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	AVP
6.3 STREET ADDRESS	BUSCH, ROBERT J.
6.4 CITY-ST-ZIP	7601 LEWINSVILLE RD, SUITE 300 MCLEAN VA 22102

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 changed, or on an attachment with an address.

SIGNATURE: Robert J. Busch VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT J. BUSCH

04/30/96

Date

(702) 761-2000

Daytime Phone #

CR2E034 (12/95)