2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2012
Secretary of State

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Entity Name: HOMESERVICES OF FLORIDA, INC.

Current Principal Place of Business:

666 GRAND AVE
SUITE 2900
DES MOINES, IA 503030657 US

New Principal Place of Business:

355 ALHAMBRA CIRCLE
SUITE 900
CORAL GABLES, FL 33134 US

Current Mailing Address:

BOX 657
DES MOINES, IA 503030657 US

New Mailing Address:

355 ALHAMBRA CIRCLE
SUITE 900
CORAL GABLES, FL 33134 US

FEI Number: 20-0133249 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: P, D
Name: PELTIER, RONALD J
Address: 333 SOUTH 7TH ST. #2700
City-St-Zip: MINNEAPOLIS, MN 55402

Title: AS
Name: LEIGHTON, PAUL J
Address: 666 GRAND AVE
City-St-Zip: DES MOINES, IA 50309

Title: VP
Name: EVANS, STEVEN R
Address: 666 GRAND AVE
City-St-Zip: DES MOINES, IA 50309

Title: D
Name: MOLINE, ROBERT R
Address: 333 SOUTH 7TH ST. #2700
City-St-Zip: MINNEAPOLIS, MN 55402

Title: S
Name: STRANDMO, DANA D
Address: 333 SOUTH 7TH ST. #2700
City-St-Zip: MINNEAPOLIS, MN 55402

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PAUL J. LEIGHTON AS 04/17/2012

Electronic Signature of Signing Officer or Director Date