FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

0526555

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State
05-04-1999 90174 035 ***150.00

DOCUMENT # P05311

1. Corporation Name
PULTE HOME CORPORATION

Principal Place of Business	Mailing Address
33 BLOOMFIELD HILLS PARKWAY SUITE 200 BLOOMFIELD HILLS MI 48304	33 BLOOMFIELD HILLS PARKWAY SUITE 200 BLOOMFIELD HILLS MI 48304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 03/15/1985

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

4. FEI Number: 38-1545089 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVTC	☐ DELETE	1.1 TITLE	DVC	☒ Change ☐ Addition
NAME	FREES, V J		1.2 NAME	Frees, Vincent J.	
STREET ADDRESS	33 BLOOMFIELD HILLS PKW		1.3 STREET ADDRESS	33 Bloomfield Hills Pkwy., #200	
CITY-ST-ZIP	BLOOMFIELD HILLS MI		1.4 CITY-ST-ZIP	Bloomfield Hills, MI 48304	
TITLE	P	☐ DELETE	2.1 TITLE	P	☒ Change ☐ Addition
NAME	HALSO, R J		2.2 NAME	Halso, Robert J.	
STREET ADDRESS	26622 WOODWARD AVE		2.3 STREET ADDRESS	33 Bloomfield Hills Pkwy., #220	
CITY-ST-ZIP	ROYAL OAK MI 48067		2.4 CITY-ST-ZIP	Bloomfield Hills, MI 48304	
TITLE	D	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	OBRIEN, M J		3.2 NAME	O'Brien, Mark J.	
STREET ADDRESS	1509 W SWANN AVE		3.3 STREET ADDRESS	33 Bloomfield Hills Pkwy., #200	
CITY-ST-ZIP	TAMPA FL 33606		3.4 CITY-ST-ZIP	Bloomfield Hills, MI 48304	
TITLE	VAS	☐ DELETE	4.1 TITLE	VAS	☒ Change ☐ Addition
NAME	NELSON, GREGORY M.		4.2 NAME	Nelson, Gregory M.	
STREET ADDRESS	33 BLOOMFIELD HILLS PKW		4.3 STREET ADDRESS	33 Bloomfield Hills Pkwy., #200	
CITY-ST-ZIP	BLOOMFIELD HILLS MI		4.4 CITY-ST-ZIP	Bloomfield Hills, MI 48304	
TITLE	AS	☐ DELETE	5.1 TITLE	AS	☒ Change ☐ Addition
NAME	ZUKOFF, C R		5.2 NAME	Zukoff, Colette R.	
STREET ADDRESS	33 BLOOMFIELD HILLS PKWY		5.3 STREET ADDRESS	33 Bloomfield Hills Pkwy., #200	
CITY-ST-ZIP	BLOOMFIELD HILLS MI		5.4 CITY-ST-ZIP	Bloomfield Hills, MI 48304	
TITLE	DVS	☐ DELETE	6.1 TITLE	DVS	☒ Change ☐ Addition
NAME	STOLLER, JOHN R		6.2 NAME	Stoller, John R.	
STREET ADDRESS	33 BLOOMFIELD HILLS PKW		6.3 STREET ADDRESS	33 Bloomfield Hills Pkwy., #200	
CITY-ST-ZIP	BLOOMFIELD HILLS MI		6.4 CITY-ST-ZIP	Bloomfield Hills, MI 48304	

CR2E034 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: [signature] Colette R. Zukoff 4/29/99 248/644-7300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #