

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

FILED
May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P32205** (7)
1. Corporation Name
PULTE CORPORATION



Principal Place of Business 33 BLOOMFIELD HILLS PARKWAY STE. 200 BLOOMFIELD HILL MI 48304	Mailing Address 33 BLOOMFIELD HILLS PARKWAY STE. 200 BLOOMFIELD HILL MI 48304
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/18/1990	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	30	4. FEI Number 38-2766606	
22 City & State	28	29 City & State	31	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip	25 Country	28 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
81 Name				85 Zip Code	
82 Street Address (P.O. Box Number is Not Acceptable)				84 City	
83				85	

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 607.0506, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERKOWITZ, HOWARD P	1.2 NAME	
STREET ADDRESS	888 SEVENTH AVE, #46 FLOOR	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PULTE, WILLIAM J.	2.2 NAME	
STREET ADDRESS	33 BLOOMFIELD HILLS PKWY	2.3 STREET ADDRESS	
CITY-ST-ZIP	BLOOMFIELD HILLS MI	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURGESS, ROBERT K.	3.2 NAME	
STREET ADDRESS	33 BLOOMFIELD HILLS PKWY	3.3 STREET ADDRESS	
CITY-ST-ZIP	BLOOMFIELD HILLS MI	3.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CROMBIE, WILLIAM J.	4.2 NAME	GREGORY H. NELSON
STREET ADDRESS	14180 DALLAS PARKWAY, #705	4.3 STREET ADDRESS	33 BLOOMFIELD HILLS PKWY, #200
CITY-ST-ZIP	DALLAS TX	4.4 CITY-ST-ZIP	BLOOMFIELD HILLS, MI 48304
TITLE	DCV <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLLERBACH, MICHAEL D.	5.2 NAME	ROGER A. CREGG
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	V <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EBLING, DAVID	6.2 NAME	JOHN R. STOLLER
STREET ADDRESS	33 BLOOMFIELD HILLS PKWY	6.3 STREET ADDRESS	33 BLOOMFIELD HILLS PKWY, #200
CITY-ST-ZIP	BLOOMFIELD HILLS MI	6.4 CITY-ST-ZIP	BLOOMFIELD HILLS, MI 48304

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.

CR2E034 (10/97)