

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

FILED  
May 12, 1999 8:00 am  
Secretary of State

05-12-1999 90007 025 \*\*\*150.00

|  |   |   |
|--|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1999 |  | FLORIDA DEPARTMENT OF STATE<br>Katherine Harris<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P32205

1. Corporation Name  
PULTE CORPORATION

|  |  |
|--|--|
| Principal Place of Business<br>33 BLOOMFIELD HILLS PARKWAY<br>STE. 200<br>BLOOMFIELD HILL MI 48304 | Mailing Address<br>33 BLOOMFIELD HILLS PARKWAY<br>STE. 200<br>BLOOMFIELD HILL MI 48304 |
|--|--|



DO NOT WRITE IN THIS SPACE

|   |  |  |  |   |  |                                |  |                               |  |
|---|--|--|--|---|--|--------------------------------|--|-------------------------------|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country<br>24 |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country<br>29 |  | 3. Date Incorporated or Qualified<br>12/18/1990   |  | 4. FEI Number<br>38-2766606    |  | Applied For<br>Not Applicable |  |
|   |  |  |  | 5. Certificate of Status Desired <input type="checkbox"/>   |  | \$8.75 Additional Fee Required |  |                               |  |
|   |  |  |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   |  | \$5.00 May Be Added to Fees    |  |                               |  |
|   |  |  |  | 8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                                |  |                               |  |

|   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent<br>C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION FL 33324 |  |  |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

|                            |                                 |                                 |  |   |                                 |  |  |
|----------------------------|---------------------------------|---------------------------------|--|---|---------------------------------|--|--|
| 12. OFFICERS AND DIRECTORS |                                 |                                 |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                 |  |  |
| TITLE                      | CD                              | <input type="checkbox"/> DELETE |  | 1.1 TITLE   | C/D                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | PULTE, WILLIAM J.               |                                 |  | 1.2 NAME  | Pulte, William J.               |  |  |
| STREET ADDRESS             | 33 BLOOMFIELD HILLS PKWY        |                                 |  | 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                      | PD                              | <input type="checkbox"/> DELETE |  | 2.1 TITLE   | C/CEO                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | BURGESS, ROBERT K.              |                                 |  | 2.2 NAME  | Burgess, Robert K.              |  |  |
| STREET ADDRESS             | 33 BLOOMFIELD HILLS PKWY        |                                 |  | 2.3 STREET ADDRESS                                    | 33 Bloomfield Hills Pkwy., #200 |  |  |
| CITY-ST-ZIP                | BLOOMFIELD HILLS MI             |                                 |  | 2.4 CITY-ST-ZIP                                       | Bloomfield Hills, MI 48304      |  |  |
| TITLE                      | VAS                             | <input type="checkbox"/> DELETE |  | 3.1 TITLE   |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       | NELSON, GREGORY M               |                                 |  | 3.2 NAME  |                                 |  |  |
| STREET ADDRESS             | 33 BLOOMFIELD HILLS PKWY., #200 |                                 |  | 3.3 STREET ADDRESS                                    |                                 |  |  |
| CITY-ST-ZIP                | BLOOMFIELD HILLS MI 48304       |                                 |  | 3.4 CITY-ST-ZIP                                       |                                 |  |  |
| TITLE                      | VT                              | <input type="checkbox"/> DELETE |  | 4.1 TITLE   | V/CFO                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | CREGG, ROGER A CFO              |                                 |  | 4.2 NAME  | Cregg, Roger A.                 |  |  |
| STREET ADDRESS             | 33 BLOOMFIELD HILLS PKWY, #200  |                                 |  | 4.3 STREET ADDRESS                                    | 33 Bloomfield Hills Pkwy., #200 |  |  |
| CITY-ST-ZIP                | BLOOMFIELD HILLS MI 48304       |                                 |  | 4.4 CITY-ST-ZIP                                       | Bloomfield Hills, MI 48304      |  |  |
| TITLE                      | VS                              | <input type="checkbox"/> DELETE |  | 5.1 TITLE   |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       | STOLLER, JOHN R                 |                                 |  | 5.2 NAME  |                                 |  |  |
| STREET ADDRESS             | 33 BLOOMFIELD HILLS PKWY, #200  |                                 |  | 5.3 STREET ADDRESS                                    |                                 |  |  |
| CITY-ST-ZIP                | BLOOMFIELD HILLS MI 48304       |                                 |  | 5.4 CITY-ST-ZIP                                       |                                 |  |  |
| TITLE                      |                                 | <input type="checkbox"/> DELETE |  | 6.1 TITLE   | P/COO                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| NAME                       |                                 |                                 |  | 6.2 NAME  | O'Brien, Mark J.                |  |  |
| STREET ADDRESS             |                                 |                                 |  | 6.3 STREET ADDRESS                                    | 33 Bloomfield Hills Pkwy., #200 |  |  |
| CITY-ST-ZIP                |                                 |                                 |  | 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 with all other like empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/99 248.644.7300  
Date Daytime Phone #

CR2E034 (11/98)

0528560

546057-90007-28

#P32205

## **Directors, Officers Report**

### **Pulte Corporation**

Tuesday, April 06, 1999

#### **DIRECTORS**

|   |  |
|---|--|
| <b>Robert K. Burgess</b><br>Primary Address:    | <b>Chairman of the Board</b><br>33 Bloomfield Hills Pky, Ste. 200<br>Bloomfield Hills, MI 48304          |
| <b>Debra Kelly-Ennis</b><br>Primary Address:    | <b>Director</b><br>None given  |
| <b>David N. McCammon</b><br>Primary Address:    | <b>Director</b><br>1804 Moors Court<br>Bloomfield Hills, MI 48302  |
| <b>William J. Pulte</b><br>Primary Address:     | <b>Director</b><br>33 Bloomfield Hills Pky., Ste. 200<br>Bloomfield Hills, MI 48304                      |
| <b>Ralph L. Schlosstein</b><br>Primary Address: | <b>Director</b><br>BlackRock Financial Management<br>345 Park Avenue<br>30th Floor<br>New York, NY 10154 |
| <b>Alan E. Schwartz</b><br>Primary Address:     | <b>Director</b><br>Honigman Miller Schwartz and Cohn<br>2290 First National Bldg.<br>Detroit, MI 48226   |
| <b>Francis J. Sehn</b><br>Primary Address:      | <b>Director</b><br>3515 Brookside Dr.<br>Bloomfield Hills, MI 48302                                      |
| <b>John J. Shea</b><br>Primary Address:         | <b>Director</b><br>Spiegel, Inc.<br>3500 Lacey Rd.<br>Downers Grove, IL 60515-5432                       |

#### **OFFICERS**

|  |  |
|--|--|
| <b>Robert K. Burgess</b><br>Primary Address: | <b>Chief Executive Officer</b><br>33 Bloomfield Hills Pky, Ste. 200<br>Bloomfield Hills, MI 48304  |
| <b>Mark J. O'Brien</b><br>Primary Address:   | <b>President</b><br>33 Bloomfield Hills Pky., Ste. 200<br>Bloomfield Hills, MI 48304               |
| <b>Primary Address:</b>                      | <b>Chief Operating Officer</b><br>33 Bloomfield Hills Pky., Ste. 200<br>Bloomfield Hills, MI 48304 |

546057-90007-25

#P32205

Pulte Corporation

**Roger A. Cregg**

**Senior Vice President**

Primary Address:

33 Bloomfield Hills Pky., Ste. 200  
Bloomfield Hills, MI 48304

**Chief Financial Officer**

Primary Address:

33 Bloomfield Hills Pky., Ste. 200  
Bloomfield Hills, MI 48304

**Michael A. O'Brien**

**Senior Vice President-Corporate Development**

Primary Address:

33 Bloomfield Hills Pky., Ste. 200  
Bloomfield Hills, MI 48304

**William J. Pulte**

**Chairman of Exec. & Nominating Committee**

Primary Address:

33 Bloomfield Hills Pky., Ste. 200  
Bloomfield Hills, MI 48304

**Vincent J. Frees**

**Vice President**

Primary Address:

33 Bloomfield Hills Pky., Ste. 200  
Bloomfield Hills, MI 48304

**Controller**

Primary Address:

33 Bloomfield Hills Pky., Ste. 200  
Bloomfield Hills, MI 48304

**Gregory M. Nelson**

**Vice President**

Primary Address:

33 Bloomfield Hills Pky., Ste. 200  
Bloomfield Hills, MI 48304

**Asst. Secretary**

Primary Address:

33 Bloomfield Hills Pky., Ste. 200  
Bloomfield Hills, MI 48304

**Bruce E. Robinson**

**Vice President**

Primary Address:

33 Bloomfield Hills Pky., Ste. 200  
Bloomfield Hills, MI 48304

**Treasurer**

Primary Address:

33 Bloomfield Hills Pky., Ste. 200  
Bloomfield Hills, MI 48304

**John R. Stoller**

**General Counsel**

Primary Address:

33 Bloomfield Hills Pky., Ste. 200  
Bloomfield Hills, MI 48304

**Vice President**

Primary Address:

33 Bloomfield Hills Pky., Ste. 200  
Bloomfield Hills, MI 48304

**Secretary**

Primary Address:

33 Bloomfield Hills Pky., Ste. 200  
Bloomfield Hills, MI 48304

**David Foltyn**

**Asst. Secretary**

Primary Address:

Honigman Miller Schwartz & Cohn  
2290 First National Bldg.  
Detroit, MI 48226