

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

FILED

Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 529039 1. Corporation Name: PMI GROUP, INC			
Principal Place of Business: 1901 S HARBOUR CITY BLVD SUITE 637 MOLDAVIA, FL 32901		Mailing Address: 1901 S HARBOUR CITY BLVD SUITE 637 MOLDAVIA, FL 32901	
2. Principal Place of Business: 21 Suite Apt #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address: 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified		4. FEI Number: 59-3048029 Applied For: ☒ Not Applicable: ☐ 5. Certificate of Status Desired: ☒ \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees 7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30: ☐ Yes ☒ No	
9. Name and Address of Current Registered Agent: DONALD B DUBER 1901 S HARBOUR CITY BLVD SUITE 637 MOLDAVIA, FL 32901		10. Name and Address of New Registered Agent: 81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 City: 85 Zip Code: FL	
11. Pursuant to the provisions of Sections 607.04(3) 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] 4/20/98 (Date) (Registered Agent's Signature required when registering)			
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-STATE-ZIP 1. PRES, SEC & DIR DONALD B DUBER 1901 S HARBOUR CITY BLVD 637 MOLDAVIA, FL 32901 2. TITLE NAME STREET ADDRESS CITY-STATE-ZIP 3. TITLE NAME STREET ADDRESS CITY-STATE-ZIP 4. TITLE NAME STREET ADDRESS CITY-STATE-ZIP 5. TITLE NAME STREET ADDRESS CITY-STATE-ZIP 6. TITLE NAME STREET ADDRESS CITY-STATE-ZIP 7. TITLE NAME STREET ADDRESS CITY-STATE-ZIP 8. TITLE NAME STREET ADDRESS CITY-STATE-ZIP 9. TITLE NAME STREET ADDRESS CITY-STATE-ZIP 10. TITLE NAME STREET ADDRESS CITY-STATE-ZIP 11. TITLE NAME STREET ADDRESS CITY-STATE-ZIP 12. TITLE NAME STREET ADDRESS CITY-STATE-ZIP 13. TITLE NAME STREET ADDRESS CITY-STATE-ZIP 14. TITLE NAME STREET ADDRESS CITY-STATE-ZIP 15. TITLE NAME STREET ADDRESS CITY-STATE-ZIP 16. TITLE NAME STREET ADDRESS CITY-STATE-ZIP 17. TITLE NAME STREET ADDRESS CITY-STATE-ZIP 18. TITLE NAME STREET ADDRESS CITY-STATE-ZIP 19. TITLE NAME STREET ADDRESS CITY-STATE-ZIP 20. 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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 statement 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 or is changed or added in attachment with an address.			
SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 4/20/98 (407) 782-3000	

CR2E034 (10/97)