

2016 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05311

Entity Name: PULTE HOME CORPORATION**Current Principal Place of Business:**3350 PEACHTREE ROAD NORTHEAST
SUITE 150
ATLANTA, GA 30326**Current Mailing Address:**3350 PEACHTREE ROAD NORTHEAST
SUITE 150
ATLANTA, GA 30326 US**FEI Number:** 38-1545089**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US*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**Officer/Director Detail :**

Title VP
Name HILL, KIMBERLY M
Address 3350 PEACHTREE ROAD NORTHEAST
SUITE 150
City-State-Zip: ATLANTA GA 30326

Title DIRECTOR, SENIOR VICE
PRESIDENT, SECRETARY, GENERAL
COUNSEL
Name COOK, STEVEN M
Address 3350 PEACHTREE ROAD NORTHEAST
SUITE 150
City-State-Zip: ATLANTA GA 30326

Title ASSISTANT SECRETARY
Name GRAEVE, JOSHUA S
Address 24311 WALDEN CENTER DRIVE
SUITE #300
City-State-Zip: BONITA SPRINGS FL 34134

Title ASSISTANT SECRETARY
Name RUSSO, CRAIG
Address 4901 VINELAND ROAD
SUITE #500
City-State-Zip: ORLANDO FL 32811

Title DIRECTOR, PRESIDENT
Name DUGAS, RICHARD J JR.
Address 3350 PEACHTREE ROAD NORTHEAST
SUITE 150
City-State-Zip: ATLANTA GA 30326

Title VP, TREASURER, ASSISTANT
SECRETARY
Name ROBINSON, BRUCE E
Address 3350 PEACHTREE ROAD NORTHEAST
SUITE 150
City-State-Zip: ATLANTA GA 30326

Title VP, ASSISTANT SECRETARY
Name CLEMENTS, SCOTT
Address 2301 LUCIEN WAY
SUITE 155
City-State-Zip: MAITLAND FL 32751

Title ASSISTANT SECRETARY
Name LAPINSKY, BLAKE
Address 24311 WALDEN CENTER DRIVE
SUITE #300
City-State-Zip: BONITA SPRINGS FL 34134

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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: KELLYMARIE CONLON**ASSISTANT SECRETARY 07/29/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title ASSISTANT SECRETARY
Name CONLON, KELLYMARIE M
Address 3350 PEACHTREE ROAD NORTHEAST
SUITE 150
City-State-Zip: ATLANTA GA 30326

Title ASST. SECRETARY
Name HOFFERBERTH, MARK EDWARD
Address 3350 PEACHTREE ROAD NORTHEAST
SUITE 150
City-State-Zip: ATLANTA GA 30326

Title ASST. SECRETARY
Name AGINS, MICHAEL
Address 3350 PEACHTREE ROAD NORTHEAST
SUITE 150
City-State-Zip: ATLANTA GA 30326