2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2016
Secretary of State
CC1426168519

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 M CONLON ASSISTANT SECRETARY 05/31/2016

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