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Apr 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra S. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 847189 (8)

1. Corporation Name

PULTE MORTGAGE CORPORATION

Principal Place of Business: 6061 S. WILLOW DR., STE. 300 GREENWOOD VILLAGE, CO 80111

Mailing Address: 33 BLOOMFIELD HILLS PKY STE 200 BLOOMFIELD HILLS, MI 48304

3. Date Incorporated or Qualified: 10/13/80

3a. Date of Last Report: 5/1/96

4. FEI Number: 38-1983347

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21

2a. Mailing Address: 26

22. City & State: 27

23. Zip: 24

25. Country: 25

29. City & State: 28

30. Zip: 29

30. Country: 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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: _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

1.1 TITLE: C/P/CEO DELETE

1.2 NAME: LECLAIRE, JEFFERY D.

1.3 STREET ADDRESS: 6061 S. WILLOW DR.

1.4 CITY-ST-ZIP: GREENWOOD VILLAGE, CO 80111

2.1 TITLE: D DELETE

2.2 NAME: HOLLERBACH, MICHAEL D.

2.3 STREET ADDRESS: 33 BLOOMFIELD HILLS PKY., STE. 200

2.4 CITY-ST-ZIP: BLOOMFIELD HILLS, MI 48304

3.1 TITLE: V DELETE

3.2 NAME: IWERSON, KEVIN R.

3.3 STREET ADDRESS: 6061 S. WILLOW DR.

3.4 CITY-ST-ZIP: GREENWOOD VILLAGE, CO 80111

4.1 TITLE: V DELETE

4.2 NAME: BULLARD, WILLIAM A.

4.3 STREET ADDRESS: 401 HARRISON OAKS BLVD., STE. 305

4.4 CITY-ST-ZIP: CARY, NC 27513

5.1 TITLE: V/AS DELETE

5.2 NAME: STOLLER, JOHN R.

5.3 STREET ADDRESS: 33 BLOOMFIELD HILLS PKY., STE. 200

5.4 CITY-ST-ZIP: BLOOMFIELD HILLS, MI 48304

6.1 TITLE: V/T/S/D DELETE

6.2 NAME: PASTORE, ROGER C.

6.3 STREET ADDRESS: 6061 S. WILLOW DR.

6.4 CITY-ST-ZIP: GREENWOOD VILLAGE, CO 80111

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: Change Addition

1.2 NAME:

1.3 STREET ADDRESS:

1.4 CITY-ST-ZIP:

2.1 TITLE: Change Addition

2.2 NAME:

2.3 STREET ADDRESS:

2.4 CITY-ST-ZIP:

3.1 TITLE: Change Addition

3.2 NAME:

3.3 STREET ADDRESS:

3.4 CITY-ST-ZIP:

4.1 TITLE: Change Addition

4.2 NAME:

4.3 STREET ADDRESS:

4.4 CITY-ST-ZIP:

5.1 TITLE: Change Addition

5.2 NAME:

5.3 STREET ADDRESS:

5.4 CITY-ST-ZIP:

6.1 TITLE: Change Addition

6.2 NAME:

6.3 STREET ADDRESS:

6.4 CITY-ST-ZIP:

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-05/02/97--01061--050
***165.00

14. I do 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.

SIGNATURE: *Colette R. Zukoff* COLETTE R. ZUKOFF 4/28/97 (810) 644-7300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20E034 (8/96)