

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

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 PKWY . STE. 200 BLOOMFIELD HILLS MI 48304
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/13/1980	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
4. FEI Number 38-1983347	Applied For <input type="checkbox"/> 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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD 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	FL

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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPC LECLAIRE, JEFFERY D 6061 S WILLOW DR GREENWOOD VILLAGE CO 80111 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	V HARDIN, RODNEY D. 6061 S. WILLOW DR, STE 300 GREENWOOD VILLAGE, CO 80111 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLERBACH, MICHAEL D. 33 BLOOMFIELD HILLS PKWY, STE 200 BLOOMFIELD HILLS MI 48304 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	DVS STILL, DEBRA W. 6061 S. WILLOW DR, STE 300 GREENWOOD VILLAGE, CO 80111 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V IVERSON, KEVIN R. 6061 S. WILLOW DR. GREENWOOD VILLAGE CO 80111 <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	V/VASO BRUINING, DAVID M. 6061 S. WILLOW DR, STE 300 GREENWOOD VILLAGE, CO 80111 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BULLARD, WILLIAM A 401 HARRISON OAKS BLVD., STE. 305 CARY NC 27513 <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	V MORAN, JEFFREY S. 6061 S. WILLOW DR, STE 300 GREENWOOD VILLAGE, CO 80111 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVAS STOLLER, JOHN R. 33 BLOOMFIELD HILLS PKWY., STE. 200 BLOOMFIELD HILLS MI 48304 <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	VAS COLETTE R. ZUKOFF 33 BLOOMFIELD HILLS PKWY, STE 200 BLOOMFIELD HILLS, MI 48304 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD PASTORE, ROGER C. 6061 S. WILLOW DR. GREENWOOD VILLAGE CO 80111 <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	DP/CEOCFO PASTORE, ROGER C. 6061 S. WILLOW DR, STE 300 GREENWOOD VILLAGE, CO 80111 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE _____ COLETTE R. ZUKOFF (248) 644-7300

CP2E034 (10/97)