


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

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90141 019 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 847189

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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/13/1980	
21	22	26	27	4. FEI Number 38-1983347	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDIN, RODNEY D	1.2 NAME	
STREET ADDRESS	6061 S WILLOW DR, STE 300	1.3 STREET ADDRESS	
CITY-ST-ZIP	GREENWOOD VILLAGE CO 80111	1.4 CITY-ST-ZIP	
TITLE	DVS <input type="checkbox"/> DELETE	2.1 TITLE	D/V/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STILL, DEBRA W	2.2 NAME	Still, Debra W.
STREET ADDRESS	6061 S WILLOW DR, STE 300	2.3 STREET ADDRESS	6061 S. Willow Drive, Ste 300
CITY-ST-ZIP	BLOOMFIELD HILLS MI 48304	2.4 CITY-ST-ZIP	Greenwood Village, CO 80111
TITLE	VTSC <input type="checkbox"/> DELETE	3.1 TITLE	V/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUINING, DAVID M	3.2 NAME	Bruining, David M.
STREET ADDRESS	6061 S WILLOW DR, STE 300	3.3 STREET ADDRESS	6061 S. Willow Dr., Ste 300
CITY-ST-ZIP	GREENWOOD VILLAGE CO 80111	3.4 CITY-ST-ZIP	Greenwood Village, CO 80111
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORAN, JEFFREY S	4.2 NAME	
STREET ADDRESS	6061 S WILLOW DR, STE 300	4.3 STREET ADDRESS	
CITY-ST-ZIP	GREENWOOD VILLAGE CO 80111	4.4 CITY-ST-ZIP	
TITLE	VAS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUKOFF, COLETTE R	5.2 NAME	
STREET ADDRESS	33 BLOOMFIELD HILLS PKWY., STE. 200	5.3 STREET ADDRESS	
CITY-ST-ZIP	BLOOMFIELD HILLS MI 48304	5.4 CITY-ST-ZIP	
TITLE	PCEO <input type="checkbox"/> DELETE	6.1 TITLE	D/P/CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PASTORE, ROGER C.	6.2 NAME	Pastore, Roger C.
STREET ADDRESS	6061 S WILLOW DR, STE 300	6.3 STREET ADDRESS	6061 S. Willow Dr., Ste.300
CITY-ST-ZIP	GREENWOOD VILLAGE CO 80111	6.4 CITY-ST-ZIP	Greenwood Village, CO 80111

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, with all other like empowered.

SIGNATURE: Colette R. Zukoff **REQUIRED** Colette R. Zukoff Date 4/13/99 Daytime Phone # 248-644-7300

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CR2E034 (1/1/98)