

SCC eFile

**2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

213560847

1.) CORPORATION NAME:

PULTE HOME CORPORATION

DUE DATE: **3/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CORPORATION SERVICE COMPANY

**Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F0477176**

RICHMOND, VA 23219

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

MI

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 100 BLOOMFIELD HILLS PKWY #300

CITY/ST/ZIP: BLOOMFIELD HILLS, MI 48304

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	RICHARD DUGAS JR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES/CEO		
ADDRESS:	100 BLOOMFIELD HILLS PKWY #300		
CITY/ST/ZIP/CO:	BLOOMFIELD HILLS, MI 48304		

NAME:	LEWIS BIRNBAUM	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	REG/DIV PRES		
ADDRESS:	10600 ARROWHEAD DR		
CITY/ST/ZIP/CO:	STE 225 FAIRFAX, VA 22030		

NAME:	GARY LEYGRAAF	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	10600 ARROWHEAD DR		
CITY/ST/ZIP/CO:	STE 225 FAIRFAX, VA 22030		

NAME:	MICHAEL J MILLER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	10600 ARROWHEAD DR		
CITY/ST/ZIP/CO:	STE 225 FAIRFAX, VA 22030		

NAME:	BRUCE E ROBINSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/TREAS/ASEC		
ADDRESS:	100 BLOOMFIELD HILLS PKWY		
CITY/ST/ZIP/CO:	#300 BLOOMFIELD HILLS, MI 48304		

NAME:	STEVEN M COOK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SVP/GC/S		
ADDRESS:	100 BLOOMFIELD HILLS PKWY #300		
CITY/ST/ZIP/CO:	BLOOMFIELD HILLS, MI 48304		

NAME:	JAN M KLYM	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SEC		
ADDRESS:	100 BLOOMFIELD HILLS PKWY #300		
CITY/ST/ZIP/CO:	BLOOMFIELD HILLS, MI 48304		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ JAN M KLYM	JAN M KLYM, ASST SEC	3/12/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.