

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **823973** (3)
1. Corporation Name
GMAC MORTGAGE CORPORATION OF PA



Principal Place of Business Mailing Address
8360 OLD YORK ROAD ELKINS PARK PA 19117-8516
8360 OLD YORK ROAD ATTN: COMPLIANCE DEPT ELKINS PARK PA 19027 US

2. Principal Place of Business 2a. Mailing Address
21 Subst. Apt. #, etc. 26 State, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

3. Date Incorporated or Qualified **01/15/1970** 3a. Date of Last Report **05/01/1995**
4. FEI Number **23-1694840** Applied For Not Applicable
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

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 FL 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 agent 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 resigning) DATE _____

12. OFFICERS AND DIRECTORS
1. TITLE DELETE
NAME **PD KORELL, MARK L**
STREET ADDRESS **8400 NORMANDALE LAKE BLVD., #600**
CITY-STATE-ZIP **MINNEAPOLIS MN**
2. TITLE DELETE
NAME **V MURPHY, ROBERT T**
STREET ADDRESS **8360 OLD YORK RD.**
CITY-STATE-ZIP **ELKINS PARK PA**
3. TITLE DELETE
NAME **CEPT O'BRIEN, R. MICHAEL**
STREET ADDRESS **8360 OLD YORK RD.**
CITY-STATE-ZIP **ELKINS PARK PA**
4. TITLE DELETE
NAME **SVPS SNYDER, GLEN W.**
STREET ADDRESS **8360 OLD YORK ROAD**
CITY-STATE-ZIP **ELKINS PARK PA**
5. TITLE DELETE
NAME **EVPD CRAMER, DAVID E**
STREET ADDRESS **8360 OLD YORK RD.**
CITY-STATE-ZIP **ELKINS PARK PA**
6. TITLE DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. 1. TITLE Change Addition
2. 2. NAME
3. 3. STREET ADDRESS
4. 4. CITY-STATE-ZIP
5. 5. TITLE Change Addition
6. 6. NAME
7. 7. STREET ADDRESS
8. 8. CITY-STATE-ZIP
9. 9. TITLE Change Addition
10. 10. NAME
11. 11. STREET ADDRESS
12. 12. CITY-STATE-ZIP
13. 13. TITLE Change Addition
14. 14. NAME **T Harris A. Turkel**
15. 15. STREET ADDRESS **8360 Old York Road**
16. 16. CITY-STATE-ZIP **Elkins Park, PA 19027**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Glen W. Snyder, Secretary** 2/9/96 215-881-1547
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Printed

CR2E034 (12/95)