


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

FILED

**Apr 28 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 823973 (3)

1. Corporation Name
GMAC MORTGAGE CORPORATION

Principal Place of Business 100 Witmer Road Horsham, PA 19044	Mailing Address 100 Witmer Road Horsham, PA 19044 Attn: Compliance Dept.
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2. Principal Place of Business 21	2a. Mailing Address 25	4. FEI Number 23-1694840	Applied For Not Applicable
22	27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

3. Date Incorporated or Qualified 1/15/1970	3a. Date of Last Report 5/1/96
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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 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

TITLE	D & P	<input type="checkbox"/> DELETE
NAME	Robert Michael O'Brien	
STREET ADDRESS	100 Witmer Road	
CITY- ST- ZIP	Horsham, PA 19044	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Dennis William Sheehan, Jr	
STREET ADDRESS	8400 Normandale Lake Blvd.	
CITY- ST- ZIP	Minneapolis, MN 55437	
TITLE	D, SVP & CFO	<input type="checkbox"/> DELETE
NAME	David Michael Applegate	
STREET ADDRESS	100 Witmer Road	
CITY- ST- ZIP	Horsham, PA 19044	
TITLE	T	<input type="checkbox"/> DELETE
NAME	Marianne White Mainardi	
STREET ADDRESS	100 Witmer Road	
CITY- ST- ZIP	Horsham, PA 19044	
TITLE	D & SVP	<input type="checkbox"/> DELETE
NAME	Lisa Marie Gess	
STREET ADDRESS	100 Witmer Road	
CITY- ST- ZIP	Horsham, PA 19044	
TITLE	S & SVP	<input type="checkbox"/> DELETE
NAME	Glen Weidman Snyder	
STREET ADDRESS	100 Witmer Road	
CITY- ST- ZIP	Horsham, PA 19044	


13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

4/28/97

100002158621 Change Addition
-04/28/97--01076--019
*****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 included 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** **4/23/97** **(215) 682-1430**

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

CR2E034 (9/96)