

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 823973

FILED
Apr 13, 2006
Secretary of State

Entity Name: GMAC MORTGAGE CORPORATION

Current Principal Place of Business:

100 WITMER ROAD
HORSHAM, PA 19044 US

New Principal Place of Business:

Current Mailing Address:

100 WITMER ROAD
PO BOX 963
HORSHAM, PA 19044 US

New Mailing Address:

FEI Number: 23-1694840 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WALKER, DAVID C
Address: 200 RENAISSANCE CENTER
City-St-Zip: DETROIT, MI 48202

Title: DCPC () Delete
Name: APPLGATE, DAVID MICHAEL
Address: 4 WALNUT GROVE DRIVE
City-St-Zip: HORSHAM, PA 19044

Title: VP () Delete
Name: DALY, MICHAEL
Address: 100 WITMER RD, PO BOX 963
City-St-Zip: HORSHAM, PA 190440963

Title: SVPS () Delete
Name: PATTERSON, ROBERT H
Address: 100 WITMER RD PO BOX 963
City-St-Zip: HORSHAM, PA 190440963

Title: T () Delete
Name: CASEY, WILLIAM TREASUR
Address: 4 WALNUT GROVE DRIVE
City-St-Zip: HORSHAM, PA 19044

Title: DEVP () Delete
Name: BIER, BARRY J
Address: 100 WITMER RD, PO BOX 963
City-St-Zip: HORSHAM, PA 190440963

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DCPC (X) Change () Addition
Name: APPLGATE, DAVID M
Address: 4 WALNUT GROVE DRIVE
City-St-Zip: HORSHAM, PA 19044

Title: VP (X) Change () Addition
Name: WILLIAMS, CATY
Address: 100 WITMER RD, PO BOX 963
City-St-Zip: HORSHAM, PA 190440963

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHY WILLIAMS

VP

04/13/2006

Electronic Signature of Signing Officer or Director

_____ Date