

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90040 042 ***150.00

DOCUMENT # 823973

1. Entity Name
GMAC MORTGAGE CORPORATION



Principal Place of Business
**100 WITMER ROAD
HORSHAM PA 19044**

Mailing Address
**100 WITMER ROAD
PO BOX 963
HORSHAM PA 19044
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **23-1694840**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	WALKER, DAVID C	
STREET ADDRESS	200 RENAISSANCE CENTER	
CITY-ST-ZIP	DETROIT MI 48202	
TITLE	DCPC	<input type="checkbox"/> Delete
NAME	APPLEGATE, DAVID MICHAEL	
STREET ADDRESS	4 WALNUT GROVE DRIVE	
CITY-ST-ZIP	HORSHAM PA 19044	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DALY, MICHAEL	
STREET ADDRESS	100 WITMER RD, PO BOX 963	
CITY-ST-ZIP	HORSHAM PA 19044-0963	
TITLE	SVPS	<input type="checkbox"/> Delete
NAME	PATTERSON, ROBERT H	
STREET ADDRESS	100 WITMER RD PO BOX 963	
CITY-ST-ZIP	HORSHAM PA 19044-0963	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LINDSAY, ALAN R	
STREET ADDRESS	4 WALNUT GROVE DRIVE	
CITY-ST-ZIP	HORSHAM PA 19044	
TITLE	DEVP	<input type="checkbox"/> Delete
NAME	BIER, BARRY J	
STREET ADDRESS	100 WITMER RD, PO BOX 963	
CITY-ST-ZIP	HORSHAM PA 19044-0963	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas P. Stenger	
STREET ADDRESS	4 Walnut Grove Drive	
CITY-ST-ZIP	Horsham, PA 19044	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03 (215) 682-1486
Date Daytime Phone #

CR2E034 (10/02)