


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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90128 033 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 836952

1. Corporation Name
GMAC LEASING CORPORATION



Principal Place of Business 3044 W GRAND BLVD MC 482 103 311 DETROIT MI 48202 US	Mailing Address 3044 W GRAND BLVD MC 482 103 311 DETROIT MI 48202 US
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	38-6041482	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No
23	28		
Zip Country	Zip Country		
24 25	29 30		

3. Date Incorporated or Qualified
09/01/1976

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	S <input type="checkbox"/> DELETE
NAME	QUENNEVILLE, CATHY L
STREET ADDRESS	3044 W. GRAND BLVD.
CITY-ST-ZIP	DETROIT MI 48202
TITLE	D <input type="checkbox"/> DELETE
NAME	GIBSON, JOHN E.
STREET ADDRESS	3044 W. GRAND BLVD.
CITY-ST-ZIP	DETROIT MI
TITLE	D <input type="checkbox"/> DELETE
NAME	KNORR, CAROL J.
STREET ADDRESS	3044 W. GRAND BLVD.
CITY-ST-ZIP	DETROIT MI
TITLE	PD <input type="checkbox"/> DELETE
NAME	RINES, JOHN R.
STREET ADDRESS	3044 WEST GRAND BLVD
CITY-ST-ZIP	DETROIT MI
TITLE	T <input type="checkbox"/> DELETE
NAME	HAUSEMAN, SUSAN G.
STREET ADDRESS	3044 W. GRAND BLVD.
CITY-ST-ZIP	DETROIT MI
TITLE	PD <input type="checkbox"/> DELETE
NAME	FINNEGAN, JOHN D
STREET ADDRESS	3044 W GRAND BLVD
CITY-ST-ZIP	DETROIT MI 48202

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 checked="" type="checkbox"/> Addition
4.2 NAME	D/VP
4.3 STREET ADDRESS	Muir, William F.
4.4 CITY-ST-ZIP	3044 West Grand Blvd. Detroit, MI
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	

14. 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 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, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED** A. M. Carrera, Assistant Secretary 1/12/99

CR2E034 (1/198)