

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 836952

FILED  
Jan 06, 2004  
Secretary of State

Entity Name: GMAC LEASING CORPORATION

**Current Principal Place of Business:**

200 RENAISSANCE CENTER  
482 B12 C82  
DETROIT, MI 48265 US

**New Principal Place of Business:**

**Current Mailing Address:**

200 RENAISSANCE CENTER  
482 B12 C82  
DETROIT, MI 48265 US

**New Mailing Address:**

FEI Number: 38-6041482      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**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: S ( ) Delete  
Name: QUENNEVILLE, CATHY L  
Address: 200 RENAISSANCE CENTER, 482 B12 C82  
City-St-Zip: DETROIT, MI 48265 US

Title: D ( ) Delete  
Name: GIBSON, JOHN E.  
Address: 200 RENAISSANCE CENTER  
City-St-Zip: DETROIT, MI 48265 US

Title: D ( ) Delete  
Name: KNORR, CAROL J.  
Address: 200 RENAISSANCE CENTER  
City-St-Zip: DETROIT, MI 48265 US

Title: DVP ( ) Delete  
Name: MUIR, WILLIAM F  
Address: 200 RENAISSANCE CENTER  
City-St-Zip: DETROIT, MI 48265 US

Title: T ( ) Delete  
Name: HAUSEMAN, SUSAN G.  
Address: 200 RENAISSANCE CNETER  
City-St-Zip: DETROIT, MI 48265 US

Title: PD ( ) Delete  
Name: FELDSTEIN, ERIC A  
Address: 200 RENAISSANCE CENTER  
City-St-Zip: DETROIT, MI 48265 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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 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 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 L. QUENNEVILLE

SEC

01/06/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date