


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # F96000001294
 1. Entity Name
 GMAC MODEL HOME FINANCE, INC.



Principal Place of Business 6802 PARAGON PLEASE PARAGON II, SUITE 350 RICHMOND, VA 23230 US	Mailing Address 6802 PARAGON PLEASE PARAGON II, SUITE 350 RICHMOND, VA 23230 US
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02022005 No Chg-P CR2E034 (10/03)

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4. FEI Number 54-1779094	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD.
 PLANTATION, FL 33324

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHULTZ, GREGORY B 8400 NORMANDALE LAKE BLVD, STE 600 MINNEAPOLIS, MN 55437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OLSON, DAVEE L 8400 NORMANDALE LAKE BLVD., SUITE 600 MINNEAPOLIS, MN 55437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SEATS, MICHAEL J 8400 NORMANDALE LAKE BLVD, STE 600 MINNEAPOLIS, MN 55437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HULTBERG, DOUGLAS B 8400 NORMANDALE LAKE BLVD MINNEAPOLIS, MN 55437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNLEAVY, BARRY 8400 NORMANDALE LAKE BLVD, STE 600 MINNEAPOLIS, MN 55437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLAVIN, DAVID 8400 NORMANDALE LAKE BLVD., SUITE 600 MINNEAPOLIS, MN 55437

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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: _____ DATE: 2-3-05 DAYPHONE: 952-857-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR