

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90231 005 ****50.00

DOCUMENT # M00000000615

1. Entity Name
GMAC REAL ESTATE, LLC

Principal Place of Business

**477 MARTINSVILLE ROAD
 LIBERTY CORNER NJ 07938**

Mailing Address

**100 WITMER ROAD
 P.O. BOX 963
 HORSHAM PA 19044-0963**

2. Principal Place of Business

150 Mt. Bethel Rd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Warren, NJ

City & State

Zip

07059

Country

Country

4. FEI Number

52-2205242

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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.

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 \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

TITLE **VD** ☒ Delete
 NAME **LYLES, RONALD J**
 STREET ADDRESS **477 MARTINSVILLE ROAD**
 CITY-ST-ZIP **LIBERTY CORNER NJ 07938**

TITLE **T** ☒ Delete
 NAME **PETERSON, BRIAN J**
 STREET ADDRESS **477 MARTINSVILLE ROAD**
 CITY-ST-ZIP **LIBERTY CORNER NJ 07938**

TITLE **D** ☒ Delete
 NAME **SCHLOTT, RICHARD L**
 STREET ADDRESS **477 MARTINSVILLE ROAD**
 CITY-ST-ZIP **LIBERTY CORNER NJ 07938**

TITLE **VAS** ☐ Delete
 NAME **PATTERSON, ROBERT H**
 STREET ADDRESS **100 WITMER ROAD, P.O. BOX 963**
 CITY-ST-ZIP **HORSHAM PA 19044-0963**

TITLE **V** ☐ Delete
 NAME **DALY, MICHAEL**
 STREET ADDRESS **100 WITMER ROAD, P.O. BOX 963**
 CITY-ST-ZIP **HORSHAM PA 19044-0963**

TITLE **AS** ☐ Delete
 NAME **TIERNEY, WILLIAM J**
 STREET ADDRESS **100 WITMER ROAD, P.O. BOX 963**
 CITY-ST-ZIP **HORSHAM PA 19044-0963**

10. ADDITIONS / CHANGES

TITLE **Director** ☐ Change ☒ Addition
 NAME **Applegate, David M.**
 STREET ADDRESS **4 Walnut Grove Drive**
 CITY-ST-ZIP **Horsham, PA 19044**

TITLE **Director** ☐ Change ☒ Addition
 NAME **Bearden, John B.**
 STREET ADDRESS **4 Walnut Grove Drive**
 CITY-ST-ZIP **Horsham, PA 19044**

TITLE **Director** ☐ Change ☒ Addition
 NAME **Geer, Dennis F.**
 STREET ADDRESS **100 Witmer Rd., PO Box 963**
 CITY-ST-ZIP **Horsham, PA 19044-0963**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Michael Daly **REQUIRED**

4-8-02

215-682-1486

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING/MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)