

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07630 (7)
1. Corporation Name
GMAC MORTGAGE CORPORATION



Principal Place of Business: **3044 WEST GRAND BLVD. ANNEX 311 DETROIT MI 48202**
Mailing Address: **3044 WEST GRAND BLVD. ANNEX 311 DETROIT MI 48202**

3. Date Incorporated or Qualified: **10/03/1985**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **38-2594097**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26 8360 Old York Road**
Suite, Apt. #, etc.: **27 Corporate Compliance Dept.**
City & State: **28 Elkins Park, PA**
Zip: **24** Country: **25** Zip: **29 19027** Country: **30**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | D CREAMER, DAVID | 1.2 NAME | |
| STREET ADDRESS | 8360 OLD YORK ROAD | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | ELKINS PARK PA | 1.4 CITY - ST - ZIP | |
| TITLE | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | S STAPLETON, KATHLEEN M. | 2.2 NAME | S Robert L. Schwartz |
| STREET ADDRESS | 3044 W. GRAND BLVD. | 2.3 STREET ADDRESS | 3044 W. Grand Blvd. |
| CITY - ST - ZIP | DETROIT MI | 2.4 CITY - ST - ZIP | Detroit, MI 48202 |
| TITLE | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | T SHEA, EDWARD J. | 3.2 NAME | T Susan G. Hauseman |
| STREET ADDRESS | 3044 W. GRAND BLVD. | 3.3 STREET ADDRESS | 3044 W. Grand Blvd. |
| CITY - ST - ZIP | DETROIT MI | 3.4 CITY - ST - ZIP | Detroit, MI 48202 |
| TITLE | <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | PD KORELL, MARK L | 4.2 NAME | P John D. Finnegan |
| STREET ADDRESS | 8400 NORMANDALE LAKE BLVD | 4.3 STREET ADDRESS | 3044 W. Grand Blvd. |
| CITY - ST - ZIP | MINNEAPOLIS MN | 4.4 CITY - ST - ZIP | Detroit, MI 48202 |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VP FINNEGAN, JOHN D. | 5.2 NAME | D |
| STREET ADDRESS | 3044 W. RAND BLVD. | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | DETROIT MI | 5.4 CITY - ST - ZIP | |
| TITLE | <input checked="" type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CD THOMAS, GEOFFREY C | 6.2 NAME | Assistant Secretary |
| STREET ADDRESS | 8360 OLD YORK RD | 6.3 STREET ADDRESS | Glen W. Snyder |
| CITY - ST - ZIP | ELKINS PARK PA | 6.4 CITY - ST - ZIP | 8360 Old York Road Elkins Park, PA 19027-1590 |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: **Glen W. Snyder, Asst. Secretary** 2/9/96 215-881-1547
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone #

CR2E034 (12/95)