

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

000736

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90159 017 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P07630

1. Corporation Name
GMAC MORTGAGE GROUP, INC.



Principal Place of Business 3044 WEST GRAND BLVD. ANNEX 311 DETROIT MI 48202	Mailing Address CORP COMPLIANCE 100 WITMER RD BOX 963 HORSHAM PA 19044-963 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/03/1985	4. FEI Number 38-2594097	Applied For Not Applicable
21	26			
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	29	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	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINNEGAN, JOHN D	1.2 NAME	
STREET ADDRESS	3044 W GRAND BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	DETROIT MI 48202	1.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SNYDER, GLEN W	2.2 NAME	
STREET ADDRESS	100 WITMER RD BOX 963	2.3 STREET ADDRESS	
CITY-ST-ZIP	HORSHAM PA	2.4 CITY-ST-ZIP	ZIP: 19044-0963
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEEHAN, DENNIS W	3.2 NAME	
STREET ADDRESS	8400 NORMANDE LAKE BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN 55437	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BRIEN, R MICHAEL	4.2 NAME	
STREET ADDRESS	100 WITMER RD BOX 963	4.3 STREET ADDRESS	
CITY-ST-ZIP	HORSHAM PA 19044-0963	4.4 CITY-ST-ZIP	
TITLE	GC <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, ROBERT L	5.2 NAME	
STREET ADDRESS	3044 W GRAND BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	DETROIT MI 48202	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Glen W. Snyder 4/19/99 (215) 682-1462
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)