

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90040 043 \*\*\*150.00

**DOCUMENT # P07630**

1. Entity Name

**GMAC MORTGAGE GROUP, INC.**

Principal Place of Business

Mailing Address

**3044 WEST GRAND BLVD.  
 ANNEX 311  
 DETROIT MI 48202**

**CORP COMPLIANCE  
 100 WITMER RD BOX 963  
 HORSHAM PA 19044-2211  
 US**

**80020508**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **38-2594097**

Applied For  
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP**  Delete  
 NAME **FINNEGAN, JOHN D**  
 STREET ADDRESS **3044 W GRAND BLVD**  
 CITY-ST-ZIP **DETROIT MI 48202**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **AS**  Delete  
 NAME **SNYDER, GLEN W**  
 STREET ADDRESS **100 WITMER RD BOX 963**  
 CITY-ST-ZIP **HORSHAM PA**

TITLE  Change  Addition  
 NAME **Patterson, Robert H.**  
 STREET ADDRESS **100 Witmer Road, PO Box 963**  
 CITY-ST-ZIP **Horsham, PA 19044-0963**

TITLE **DT**  Delete  
 NAME **SHEEHAN, DENNIS W**  
 STREET ADDRESS **8400 NORMANDE LAKE BLVD**  
 CITY-ST-ZIP **MINNEAPOLIS MN 55437**

TITLE  Change  Addition  
 NAME **MD & CFO**  
 STREET ADDRESS **Walker, David C.**  
 CITY-ST-ZIP **3044 West Grand Boulevard**  
**Detroit, MI 48202**

TITLE **D**  Delete  
 NAME **O'BRIEN, R MICHAEL**  
 STREET ADDRESS **100 WITMER RD BOX 963**  
 CITY-ST-ZIP **HORSHAM PA 19044-0963**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **GC**  Delete  
 NAME **SCHWARTZ, ROBERT L**  
 STREET ADDRESS **3044 W GRAND BLVD**  
 CITY-ST-ZIP **DETROIT MI 48202**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Robert H. Patterson **2/4/00** **(215) 682-1548**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF 02/14/00/099