

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 828127

**Entity Name:** GMAC RISK SERVICES, INC.**Current Principal Place of Business:**300 GALLERIA OFFICENTRE  
SUITE 200  
SOUTHFIELD, MI 48034**Current Mailing Address:**300 GALLERIA OFFICENTRE  
SUITE 200  
SOUTHFIELD, MI 48034**FEI Number:** 38-6040356**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 US*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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title P  
Name CALLAHAN, THOMAS D  
Address 300 GALLERIA OFFICENTRE, SUITE 200  
City-State-Zip: SOUTHFIELD MI 48034

Title AS, DIRECTOR  
Name HASTINGS, CHARLIE  
Address 300 GALLERIA OFFICENTRE, SUITE 200  
City-State-Zip: SOUTHFIELD MI 48034

Title S  
Name QUENNEVILLE, CATHY L  
Address 200 RENAISSANCE CENTER  
City-State-Zip: DETROIT MI 48265

Title AS  
Name JUSZKOWSKI, ROBERT  
Address 300 GALLERIA OFFICENTRE, SUITE 200  
City-State-Zip: SOUTHFIELD MI 48034

Title T, DIRECTOR  
Name KOELLNER, KERRI A  
Address 300 GALLERIA OFFICENTRE  
City-State-Zip: SOUTHFIELD MI 48034

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROBERT JUSZKOWSKI

ASSISTANT SECRETARY 02/07/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date