

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000002856

Entity Name: ALLY FINANCIAL INC.**Current Principal Place of Business:**500 WOODWARD AVENUE
DETROIT, MI 48226**Current Mailing Address:**500 WOODWARD AVENUE, 10 FLOOR
CORPORATE SECRETARY'S OFFICE
DETROIT, MI 48226 US**FEI Number:** 38-0572512**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH 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 CHIEF FINANCIAL OFFICER
Name LACLAIR, JENNIFER A
Address 440 S. CHURCH STREET, SUITE 1500
City-State-Zip: CHARLOTTE NC 28202

Title DIRECTOR, CHIEF EXECUTIVE OFFICER
Name BROWN, JEFFREY
Address 440 S. CHURCH STREET
City-State-Zip: CHARLOTTE NC 28202

Title CONTROLLER, VICE PRESIDENT
Name DEBRUNNER, DAVID J
Address 500 WOODWARD AVENUE
City-State-Zip: DETROIT MI 48226

Title SECRETARY
Name BELISLE, JEFFEY A
Address 500 WOODWARD AVENUE, 10 FLOOR
CORPORATE SECRETARY'S OFFICE
City-State-Zip: DETROIT MI 48226

Title ASSISTANT SECRETARY
Name TAYLOR, BARBARA
Address 500 WOODWARD AVENUE, 10 FLOOR
CORPORATE SECRETARY'S OFFICE

City-State-Zip: DETROIT MI 48226

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: BARBARA TAYLOR**AUTHORIZED SIGNER****01/04/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date