

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000002856

Entity Name: ALLY FINANCIAL INC.**Current Principal Place of Business:**200 RENAISSANCE CENTER
DETROIT, MI 48265**Current Mailing Address:**300 GALLERIA OFFICENTRE
MC: 480-300-226 SUITE 201
SOUTHFIELD, MI 48034 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	T
Name	HALMY, CHRISTOPHER A
Address	440 S. CHURCH STREET, SUITE 1500
City-State-Zip:	CHARLOTTE NC 28202

Title	VP
Name	NOULAS, EVAN
Address	1177 AVE OF THE AMERICAS
City-State-Zip:	NEW YORK NY 10036

Title	ASSISTANT SECRETARY
Name	NOACK, ROBERT
Address	300 GALLERIA OFFICENTRE MC: 480-300-226 SUITE 201
City-State-Zip:	SOUTHFIELD MI 48034

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

Title	DIRECTOR
Name	BROWN, JEFFREY
Address	3420 TORINGDON SUITE 400
City-State-Zip:	CHARLOTTE NC 28277

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 NOACK**ASSISTANT SECRETARY** 03/16/2015_____
Electronic Signature of Signing Officer/Director Detail_____
Date