

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F98000003846

**FILED**  
**Feb 07, 2014**  
**Secretary of State**  
**CC5019136737**

**Entity Name:** GMAC SERVICE AGREEMENT CORPORATION

**Current Principal Place of Business:**

300 GALLERIA OFFICENTRE, SUITE 201  
MAIL CODE: 480-300-226  
SOUTHFIELD, MI 48034

**Current Mailing Address:**

300 GALLERIA OFFICENTRE, SUITE 201  
MAIL CODE: 480-300-226  
SOUTHFIELD, MI 48034 US

**FEI Number:** 52-2106870

**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            PRES  
Name            CALLAHAN, THOMAS D  
Address        300 GALLERIA OFFICENTRE, STE 200  
City-State-Zip: SOUTHFIELD MI 48034

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

Title            AT  
Name            HARPER, JAMES  
Address        300 GALLERIA OFFICENTRE, STE 200  
City-State-Zip: SOUTHFIELD MI 48034

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

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

Title            AS  
Name            JUSZKOWSKI, ROBERT  
Address        300 GALLERIA OFFICENTRE, STE  
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