2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 24, 2008
Secretary of State

DOCUMENT# 828127

Entity Name: GMAC RISK SERVICES, INC.

Current Principal Place of Business:

300 GALLERIA OFFICENTRE
SUITE 200
SOUTHFIELD, MI 48034

New Principal Place of Business:

Current Mailing Address:

300 GALLERIA OFFICENTRE
SUITE 200
SOUTHFIELD, MI 48034

New Mailing Address:

FEI Number: 38-6040356 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete
Name: PFLIEGEL, DEBORAH M
Address: 300 GALLERIA OFFICENTRE, SUITE 200
City-St-Zip: SOUTHFIELD, MI 48034

Title: PD ( ) Delete
Name: NOLL, WILLIAM B.,
Address: 300 GALLERIA OFFICENTRE, SUITE 200
City-St-Zip: SOUTHFIELD, MI 48034

Title: AS ( ) Delete
Name: DONNAY, ROBERT L
Address: 300 GALLERIA OFFICENTRE, SUITE 200
City-St-Zip: SOUTHFIELD, MI 48034

Title: D ( ) Delete
Name: CALLAHAN, THOMAS D
Address: 300 GALLERIA OFFICENTRE, SUITE 200
City-St-Zip: SOUTHFIELD, MI 48034

Title: T ( ) Delete
Name: WENDT, MICHAEL B
Address: 300 GALLERIA OFFICENTRE, SUITE 200
City-St-Zip: SOUTHFIELD, MI 48034

Title: S ( ) Delete
Name: QUENNEVILLE, CATHY L
Address: 200 RENAISSANCE CENTER
City-St-Zip: DETROIT, MI 48265

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change ( ) Addition
Name: RASCHBAUM, ARTURO M
Address: 300 GALLERIA OFFICENTRE, SUITE 200
City-St-Zip: SOUTHFIELD, MI 48034

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERT DONNAY AS 04/24/2008

Electronic Signature of Signing Officer or Director — Date