

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 828127

FILED
Feb 08, 2012
Secretary of State

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: AT
Name: HARPER, JAMES
Address: 300 GALLERIA OFFICENTRE, SUITE 200
City-St-Zip: SOUTHFIELD, MI 48034

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

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

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

Title: T
Name: FOSTER, DAVID B
Address: 200 RENAISSANCE CENTER
City-St-Zip: DETROIT, MI 48065

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

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

AS

02/08/2012

Electronic Signature of Signing Officer or Director

Date