

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90080 032 \*\*\*150.00

**DOCUMENT # 836952**

1. Entity Name

**GMAC LEASING CORPORATION**

Principal Place of Business

Mailing Address

**3044 W GRAND BLVD  
MC 482 103 311  
DETROIT MI 48202  
US****3044 W GRAND BLVD  
MC 482 103 311  
DETROIT MI 48202  
US****00012163**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**200 Renaissance Center**3. Mailing Address  
**200 Renaissance Center**Suite, Apt. #, etc.  
**482 B12 C82**Suite, Apt. #, etc.  
**482 B12 C82**City & State  
**Detroit, MI**City & State  
**Detroit, MI**4. FEI Number **38-6041482**Applied For  
Not ApplicableZip  
**48265** Country  
**USA**Zip  
**48265** Country  
**USA**5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME **S** ☐ Delete  
**QUENNEVILLE, CATHY L**  
STREET ADDRESS  
CITY-ST-ZIP **3044 W. GRAND BLVD.  
DETROIT MI 48202**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME **D**  
**GIBSON, JOHN E.**  
STREET ADDRESS  
CITY-ST-ZIP **3044 W. GRAND BLVD.  
DETROIT MI**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME **D**  
**KNORR, CAROL J.**  
STREET ADDRESS  
CITY-ST-ZIP **3044 W. GRAND BLVD.  
DETROIT MI**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME **D/V**  
**MUIR, WILLIAM F**  
STREET ADDRESS  
CITY-ST-ZIP **3044 WEST GRAND BLVD  
DETROIT MI**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME **T**  
**HAUSEMAN, SUSAN G.**  
STREET ADDRESS  
CITY-ST-ZIP **3044 W. GRAND BLVD.  
DETROIT MI**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME **PD**  
**FINNEGAN, JOHN D**  
STREET ADDRESS  
CITY-ST-ZIP **3044 W GRAND BLVD  
DETROIT MI 48202**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**C. L. Quenneville** 1/22/01 313/665-6301

Date

Daytime Phone #

CR2E034 (10/00)