FILED

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F0000003540 1. Entity Name GMAC MORTGAGE INVESTMENTS, INC.							Apr 23, 2002 8:00 am Secretary of State 04-23-2002 90395 032 ***150.00			
			Mailing Address LICENSING & REPORTING DEPT 100 WITMER ROAD. PO BOX 963 HORSHAM PA 19044-0963				A KRANIKA NIN KANIK DANI DANI BANI KANI	22 11/2 20 77 2 1 (210) 2 11/2	II 612 11 66 11 (26 1	
	Place of Busin	3. Mailing Address	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
							DO NOT WRITE IN	THIS SPACE		
City & Sta	ite		City & State			4. 1	FEI Number 52-228169	⊢	Applied For Not Applicable	
Zip		Country	Zip	Country		5. (Certificate of Status Desired	\$8.75 A	dditional	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
					Name					
© T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD					Street Address (P.O. Box Number is Not Acceptable)					
PLANTATION FL 33324								-		
					City	1 18	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	FL Zip Co	de	
8. The above	e named entity	submits this statement for	the purpose of changing its r	egistere	d office o	r registered ag	ent, or both, in the State of Florida.	<u> </u>	_	
SIGNATURE	Signature, typed	or printed name of registered agent an	d title if apolicable. (NOTF:	Registered	Agent signa	ure required when re	instation)	ATE		
A This corn							uistating) L	AIE		
 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, 2002 Fee will be \$550.00 Make Check Payable to Department of State			50.00	10. Election Campaign Financing Trust Fund Contribution.	~ <u> </u>	00 May Be ed to Fees	
11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				RS IN 11		
TITLE	٧		Delete TITLI NAM STRE				r & President		XX Addition	
NAME STREET ADDRESS CITY-ST-ZIP	KEIM, MIC 4 WALNUT HORSHAM	GROVE DRIVE			T ADDRESS ST-ZIP	Applegate, David M. 4 Walnut Grove Drive				
TITLE	D	I FA 13044	XXDelete	TITLE	31-21		PA 19044	Change.	Federal delicion	
NAME STREET ADDRESS CITY-ST-ZIP	GEER, DENNIS F 100 WITMER ROAD				T ADDRESS ST-ZIP	Vice Pres., & Asst. Sect. ☐ Change ★ XAddition Andrews, Jonathan P. 100 Witmer Road, PO Box 963 Horsham, PA 19044-0963				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KLUMPP, RICHARD F 3773 HOWARD HUGHES PARKWAY, SUITE 300 N				T ADDRESS ST-ZIP	Vice Pres. ☐ Change				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LINDSAY, 1	R. ALAN GROVE DRIVE	☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS ST-ZIP	Asst. Se Bowen, I 100 Witn	ect. Bruce P. mer Rd., PO Box 963	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Walker, (DAVID C SSANCE CENTER	XX Delete	TITLE NAME STREET CITY-S	f address St-zip	norsnam,	PA 19044-0963	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS PATTERSO 100 WITME	n, robert h	☐ Delete	TITLE	ADDRESS	Secreta	ıry	XX Change	Addition	

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:

MICHAEL TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

<u>215-682-1486</u>

Daytime Phone #