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PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000004508 (7)**

1. Corporation Name
GMAC COMMERCIAL MORTGAGE CORPORATION

Principal Place of Business	Mailing Address
8360 OLD YORK RD. ELKINS PARK PA 19027	ATTN: COMPLIANCE DEPT. 8360 OLD YORK ROAD ELKINS PA 19027-1535

3. Date Incorporated or Qualified: **06/30/1994**
3a. Date of Last Report: **04/19/1996**

2. Principal Place of Business	2a. Mailing Address
21 650 Dresher Rd.	26 650 Dresher Rd.
Suite, Apt. #, etc. 22 P.O. Box 1015	Suite, Apt. #, etc. 27 P.O. Box 1015
City & State 23 Horsham, PA.	City & State 28 Horsham, PA.
Zip 24 19044-8015	Zip 29 19044-8015
Country 25	Country 30

4. FEI Number: **23-2413444** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, type or print the printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☒ DELETE	1.1 TITLE	P ☒ Change ☐ Addition
NAME	CREAMER, DAVID E	1.2 NAME	Creamer, David E.
STREET ADDRESS	8360 OLD YORK ROAD	1.3 STREET ADDRESS	650 Dresher Rd. P.O Box 1015
CITY-ST-ZIP	ELKINS PARK PA 19027	1.4 CITY-ST-ZIP	Horsham, PA. 19044-8015
TITLE	V ☒ DELETE	2.1 TITLE	V ☒ Change ☐ Addition
NAME	ANDREWS, JONATHAN P	2.2 NAME	Andrews, Jonathan P
STREET ADDRESS	8360 OLD YORK ROAD	2.3 STREET ADDRESS	650 Dresher Rd. P.O. Box 1015
CITY-ST-ZIP	ELKINS PARK PA 19027	2.4 CITY-ST-ZIP	Horsham, PA. 19044-8015
TITLE	S ☒ DELETE	3.1 TITLE	S ☒ Change ☐ Addition
NAME	SNYDER, GLEN W	3.2 NAME	Snyder, Glen W.
STREET ADDRESS	8360 OLD YORK ROAD	3.3 STREET ADDRESS	100 Witmer Rd. P.O. Box 1015
CITY-ST-ZIP	ELKINS PARK PA 19027	3.4 CITY-ST-ZIP	Horsham, PA. 19044-0963
TITLE	T ☒ DELETE	4.1 TITLE	T ☒ Change ☐ Addition
NAME	MICHAEL C SPERGER	4.2 NAME	Michael C. Sperger
STREET ADDRESS	8360 OLD YORK ROAD	4.3 STREET ADDRESS	650 Dresher Rd. P.O. Box 1015
CITY-ST-ZIP	ELKINS PARK PA	4.4 CITY-ST-ZIP	Horsham, PA. 19044-8015
TITLE	V ☐ DELETE	5.1 TITLE	☐ Change ☒ Addition
NAME	DENNIS W SHEEHAN, JR.	5.2 NAME	
STREET ADDRESS	8400 NORMANDALE LAKE BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN	5.4 CITY-ST-ZIP	55437
TITLE	V ☒ DELETE	6.1 TITLE	V ☒ Change ☐ Addition
NAME	HOCH, WAYNE D	6.2 NAME	Hoch, Wayne D.
STREET ADDRESS	8360 OLD YORK ROAD	6.3 STREET ADDRESS	650 Dresher Rd. P.O. Box 1015
CITY-ST-ZIP	ELKINS PARK PA 19027	6.4 CITY-ST-ZIP	Horsham, PA. 19044-8015

CR2E034 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Michael Sperger 3/7/97 (215) 328-1439
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0007665