

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90014 022 ***150.00

DOCUMENT # F94000004508

1. Entity Name
GMAC COMMERCIAL MORTGAGE CORPORATION

Principal Place of Business

**200 WITMER RD.
 HORSHAM PA 19044
 US**

Mailing Address

**200 WITMER RD.
 ATTN: CORP COMPLIANCE
 HORSHAM PA 19044
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-2413444

Applied For

Not Applicable

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 SOUTH 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, 2002 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 ☐ Delete
S. CORPORA-BUCK, MARIA
STREET ADDRESS ~~600 DRECHER RD~~
CITY-ST-ZIP **HORSHAM PA 19044**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **200 WITMER ROAD**
CITY-ST-ZIP

TITLE ☐ Delete
V. STEPHENSON, ADA J
STREET ADDRESS **6944 NOCBU**
CITY-ST-ZIP **TAOS NM 87571**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
D. CREAMER, DAVID E
STREET ADDRESS **200 WITMER RD.**
CITY-ST-ZIP **HORSHAM PA 19044**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
T. FOX, MARC
STREET ADDRESS ~~600 DRECHER RD~~
CITY-ST-ZIP **HORSHAM PA 19044**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **200 WITMER ROAD**
CITY-ST-ZIP

TITLE ☐ Delete
DV HOCH, WAYNE D
STREET ADDRESS ~~600 DRECHER RD~~
CITY-ST-ZIP **HORSHAM PA 19044**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **200 WITMER ROAD**
CITY-ST-ZIP

TITLE ☐ Delete
PD FELLER, ROBERT D
STREET ADDRESS **200 WITMER RD.**
CITY-ST-ZIP **HORSHAM PA 19044**

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

Date

Daytime Phone #

CR2E034 (9/01)