

# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED  
04 JUN 24 AM 10:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                          |                                                                                                                     |                                                                                                                                      |                                                                                                                                                                                                         |                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| <b>DOCUMENT # F94000004508</b><br>1. Entity Name<br><b>GMAC COMMERCIAL MORTGAGE CORPORATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                          |                                                                                                                     |                                                                                                                                      |                                                                                                                        |                                                        |
| Principal Place of Business<br><b>200 WITMER RD.<br/>HORSHAM, PA 19044 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                          |                                                                                                                     | Mailing Address<br><b>200 WITMER RD.<br/>ATTN: CORP COMPLIANCE<br/>HORSHAM, PA 19044 US</b>                                          |                                                                                                                                                                                                         |                                                        |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                          | 3. Mailing Address                                                                                                  |                                                                                                                                      |                                                                                                                                                                                                         |                                                        |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                          | Suite, Apt. #, etc.                                                                                                 |                                                                                                                                      |                                                                                                                                                                                                         |                                                        |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                          | City & State                                                                                                        |                                                                                                                                      |                                                                                                                                                                                                         |                                                        |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                                                                                                  | Zip                                                                                                                 | Country                                                                                                                              | 06232004 Chg-P CR2E034 (10/03)                                                                                                                                                                          |                                                        |
| 4. FEI Number<br><b>23-2413444</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                          |                                                                                                                     |                                                                                                                                      | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                  |                                                        |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                          |                                                                                                                     |                                                                                                                                      | <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                   |                                                        |
| 6. Name and Address of Current Registered Agent<br><br><b>CT CORPORATION SYSTEM<br/>1200 SOUTH PINE ISLAND ROAD<br/>PLANTATION, FL 33324</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                          |                                                                                                                     | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                          |                                                                                                                     |                                                                                                                                      |                                                                                                                                                                                                         |                                                        |
| SIGNATURE _____ DATE <b>06/29/04--01070--016 **\$1.25</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                          |                                                                                                                     |                                                                                                                                      |                                                                                                                                                                                                         |                                                        |
| <b>Amended AR is \$61.25</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                          | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                      |                                                                                                                                                                                                         |                                                        |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                          |                                                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                |                                                                                                                                                                                                         |                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>EVPS<br/>CORPORA, MARIA<br/>200 WITMER ROAD<br/>HORSHAM, PA 19044</b> <input type="checkbox"/> Delete |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <b>AVP/AS<br/>Ann J. Williams<br/>1515 Market Street, Suite 1210<br/>Philadelphia, PA 19102</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                            |                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>V<br/>STEPHENSON, ADA J<br/>6944 NOCBU<br/>TAOS, NM 87571</b> <input type="checkbox"/> Delete         |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <b>VP<br/>John McLeod<br/>150 S.E. Second Avenue<br/>Miami, FL 33131</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                                   |                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>D<br/>CREAMER, DAVID E<br/>200 WITMER RD.<br/>HORSHAM, PA 19044</b> <input type="checkbox"/> Delete   |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <b>SRVP<br/>Lewis R. Callahan II<br/>101 East Kennedy Boulevard<br/>Tampa, FL 33602</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                    |                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>TVP<br/>FOX, MARC<br/>200 WITMER ROAD<br/>HORSHAM, PA 19044</b> <input type="checkbox"/> Delete       |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <b>SRVP<br/>Joseph B. Schrage<br/>150 S.E. Second Avenue<br/>Miami, FL 33131</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                           |                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>DV<br/>HOCH, WAYNE D<br/>200 WITMER ROAD<br/>HORSHAM, PA 19044</b> <input type="checkbox"/> Delete    |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <b>SRVP<br/>H. McCord Fraser<br/>150 S.E. Second Avenue<br/>Miami, FL 33131</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                            |                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>PD<br/>FELLER, ROBERT D<br/>200 WITMER RD.<br/>HORSHAM, PA 19044</b> <input type="checkbox"/> Delete  |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <b>SRVP<br/>Marc T. Sumner<br/>300 South Orange Avenue, Orlando, FL 32801<br/>[ See Attached for additional officers ]</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |                                                        |
| 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                                                                                          |                                                                                                                     |                                                                                                                                      |                                                                                                                                                                                                         |                                                        |
| <b>SIGNATURE:</b> <u>Ann J. Williams</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                          |                                                                                                                     | <b>Ann J. Williams, Asst. V.P.</b><br><small>Date</small>                                                                            |                                                                                                                                                                                                         | <b>June 23, 2004</b><br><small>Daytime Phone #</small> |
| <b>215-563-7750</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                          |                                                                                                                     |                                                                                                                                      |                                                                                                                                                                                                         |                                                        |

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2004 Amended Annual Report - EXHIBIT A

**GMAC Commercial Mortgage Corporation**  
Current Listing of Officers and Directors

|                                                  |                                             |
|--------------------------------------------------|---------------------------------------------|
| Marc Yavinsky<br>Vice President                  | 2255 Glades Road, Boca Raton, FL 33431      |
| Barbara Bozzacco<br>Vice President               | 2255 Glades Road, Boca Raton, FL 33431      |
| Kurt Hoffmann<br>Vice President                  | 2255 Glades Road, Boca Raton, FL 33431      |
| Mari J. Roby DeMauro<br>Assistant Vice President | 101 East Kennedy Boulevard, Tampa, FL 33602 |