



# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # F94000004508</b> 1. Entity Name <b>GMAC COMMERCIAL MORTGAGE CORPORATION</b>						<b>FILED</b>  <b>05 AUG -3 PM 8:50</b>  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>200 WITMER RD. HORSHAM, PA 19044 US</b>				Mailing Address <b>200 WITMER RD. ATTN: CORP COMPLIANCE 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					
4. FEI Number <b>23-2413444</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <span style="float: right;"><b>300058400763</b></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>							
<b>Amended AR is \$61.25</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>EVPS CORPORA, MARIA 200 WITMER ROAD HORSHAM, PA 19044</b>	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PRESIDENT Thomas P. MACMILLANUS 200 WITMER ROAD HORSHAM, PA 19044</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>V STEPHENSON, ADA J 6944 NOCBU TAOS, NM 87571</b>	<input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>ADD STEVENSON 1540 WEIMER ROAD TAOS, NM 87571</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D + CHAIRMAN CREAMER, DAVID E 200 WITMER RD. HORSHAM, PA 19044</b>	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change			TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>SR VP LEWIS R. CALLAHAN II 101 E. KENNEDY BLVD TAMPA, FL 33602</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>ADD T + EVP FOX, MARC 200 WITMER ROAD HORSHAM, PA 19044</b>	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change			TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>SR VP JOSEPH B. SCHRAGE 150 SE SECOND AVENUE MIAMI, FL 33131</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>AVP WILLIAMS, ANN J 1515 MARKET STREET STE 1210 PHILADELPHIA, PA 19102</b>	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>SR VP H. MACORD FRASER 101 E. KENNEDY BLVD TAMPA, FL 33602</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D + CEO FELLER, ROBERT D 200 WITMER RD. HORSHAM, PA 19044</b>	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change			TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>SR VP MARC T. SUMNER 300 S. ORANGE AVE ORLANDO, FL 32801</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.							
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>7/29/05</b> Daytime Phone # <b>215 328 3215</b>			
<b>MARIA CORPORA EYPT SECRETARY</b>							

**GMAC Commercial Mortgage Corporation  
Current Listing of Officers and Directors  
Attachment to 2005 Amended Annual Report  
July 27, 2005**

**Randolph Kilgore                      300 S. Orange Avenue, Orlando, FL 32801  
Senior Vice President**

**Marc Yavinsky                        2255 Glades Road, Boca Raton, FL 33431  
Vice President**

**Barbara Bozzacco                    2255 Glades Road, Boca Raton, FL 33431  
Vice President**

**Kurt Hoffman                        2255 Glades Road, Boca Raton, FL 33431  
Vice President**

**Mari J. Roby DeMauro              101 East Kennedy Boulevard, Tampa, FL 33602  
Assistant Vice President**