

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90159 018 \*\*\*150.00

DOCUMENT # F97000001291

1. Corporation Name

GMAC MORTGAGE VENTURE, INC.

Principal Place of Business

100 WITMER ROAD  
HORSHAM PA 19044

Mailing Address

CORP COMPLIANCE  
100 WITMER RD BOX 963  
HORSHAM PA 19044-963  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/13/1997

4. FEI Number

23-2887228

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

C T 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> DELETE
NAME	APPLEGATE, DAVID M	
STREET ADDRESS	100 WITMER ROAD	
CITY-ST-ZIP	HORSHAM PA 19044	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	SNYDER, GLEN W	
STREET ADDRESS	100 WITMER ROAD	
CITY-ST-ZIP	HORSHAM PA 19044	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	COUGHEY, KEITH	
STREET ADDRESS	1301 VIRGINIA DRIVE, MAPLEWOOD OFFICE PARK	
CITY-ST-ZIP	FORT WASHINGTON PA 19034	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FELLER, ROBERT	
STREET ADDRESS	100 WITMER ROAD	
CITY-ST-ZIP	HORSHAM PA 19044	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LYLES, RON	
STREET ADDRESS	100 WITMER ROAD	
CITY-ST-ZIP	HORSHAM PA 19044	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MAINARDI, MARIANNE	
STREET ADDRESS	100 WITMER ROAD	
CITY-ST-ZIP	HORSHAM PA 19044	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VPD
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	VPD
5.3 STREET ADDRESS	477 Martinsville Road
5.4 CITY-ST-ZIP	Liberty Corner, NJ 07938
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	VPT
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Glen W. Snyder

4/19/99

(215) 682-1462

Date

Daytime Phone #

CR2E034 (1/1/98)

0007371