

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 17, 1999 8:00 am
Secretary of State

05-17-1999 90026 031 ***150.00

DOCUMENT # F98000005714

1. Corporation Name

GMAC HOME SERVICES, INC.

Principal Place of Business

100 WITMER ROAD
HORSHAM PA 19044

Mailing Address

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/13/98

4. FEI Number
23-2966318

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

21 477 Martinsville Road

Suite, Apt. #, etc.

22

City & State
Liberty Corner, NJ

Zip Country
07938 US

2a. Mailing Address

26 Suite, Apt. #, etc.

27

City & State

28

Zip Country
30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
See attached listing				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE

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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
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: Glen W. Snyder 4/19/99 (215) 682-1462
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

GMAC HOME SERVICES

DIRECTORS

553414-90026-3,
F98000005714

BUSINESS ADDRESS

R. Michael O'Brien

100 Witmer Road
P.O. Box 963
Horsham, PA 19044-0963

Ben C. Smith

100 Witmer Road
P.O. Box 963
Horsham, PA 19044-0963

David M. Applegate

100 Witmer Road
P.O. Box 963
Horsham, PA 19044-0963

Richard L. Schlott

477 Martinsville Road
Liberty Corner, NJ 07938

OFFICERS

R. Michael O'Brien
Chairman

100 Witmer Road
P.O. Box 963
Horsham, PA 19044-0963

Richard L. Schlott
President

477 Martinsville Road
Liberty Corner, NJ 07938

Ronald J. Lyles
Vice President and CFO

477 Martinsville Road
Liberty Corner, NJ 07938

Glen W. Snyder
Vice President & Secretary

100 Witmer Road
P.O. Box 963
Horsham, PA 19044-0963

Jonathan P. Andrews
Assistant Secretary

100 Witmer Road
P.O. Box 963
Horsham, PA 19044-0963