

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F98000005714**

1. Entity Name

GMAC HOME SERVICES, INC.

Principal Place of Business

**477 MARTINSVILLE ROAD
LIBERTY CORNER NJ 07938**

Mailing Address

**100 WITMER ROAD
HORSHAM PA 19044-0963**

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 **23-2966318**

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****C T 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, 2001 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 **PD** ☐ Delete
NAME **SCHLOTT, RICHARD L**
STREET ADDRESS **90 WASHINGTON VALLEY ROAD**
CITY-ST-ZIP **BEDMINSTER NJ**TITLE ☐ Change ☒ Addition
NAME **Secretary**
NAME **Thomas A. Hogan**
STREET ADDRESS **477 Martinsville Rd.**
CITY-ST-ZIP **Liberty Corner, NJ 07938**TITLE **VPCFO** ☐ Delete
NAME **LYLES, RONALD J**
STREET ADDRESS **477 MATINSVILLE ROAD**
CITY-ST-ZIP **LIBERTY CORNER NJ 07938**TITLE **VPAS** ☐ Change ☒ Addition
NAME **Robert H. Patterson**
STREET ADDRESS **100 Witmer Road**
CITY-ST-ZIP **Horsham, PA 19044-0963**TITLE **VPS** ☐ Delete
NAME **KEIM, MICHAEL**
STREET ADDRESS **4 WALNUT GROVE DR**
CITY-ST-ZIP **HORSHAM PA 19004**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **LYLES, RONALD J**
STREET ADDRESS **100 WITMER RD**
CITY-ST-ZIP **HORSHAM PA 19044**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **APPLEGATE, DAVID M**
STREET ADDRESS **100 WITMER ROAD**
CITY-ST-ZIP **HORSHAM PA**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **ASVP** ☐ Delete
NAME **KAHN, HAROLD**
STREET ADDRESS **100 STONY BROOK CT**
CITY-ST-ZIP **NEWBURGH NY 12550**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

1/11/01

Date

215-682-1438

Daytime Phone #

FILED**Jan 29, 2001 8:00 am
Secretary of State**

01-29-2001 90069 026 ***158.75

ADDIT

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)