

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90395 034 ***150.00

DOCUMENT # F99000003018

1. Entity Name

GMAC GLOBAL RELOCATION SERVICES, INC.

Principal Place of Business

**477 MARTINSVILLE ROAD
 LIBERTY CORNER NJ 07938**

Mailing Address

**100 WITMER ROAD
 P O BOX 963
 HORSHAM PA 19044-0963**

2. Principal Place of Business

150 Mt. Bethel Road

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Warren, NJ 07059

City & State

Zip

Country

Zip

Country

4. FEI Number

23-2966321

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**C.T. CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD O'BRIEN, R. MICHAEL 100 WITMER ROAD HORSHAM PA 19044	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, BEN C 4 WALNUT GROVE DR. HORSHAM PA 19044	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D APPGATE, DAVID M 4 WALNUT GROVE DR. HORSHAM PA 19044	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHLOTT, RICHARD L 447 MARTINSVILLE ROAD LIBERTY CORNER NJ 07938	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO DITTRICH, GARY 477 MARTINSVILLE ROAD LIBERTY CORNER NJ 07938	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYLES, RONALD J 477 MARTINSVILLE ROAD LIBERTY CORNER NJ 07938	<input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Bearden, John B. 4 Walnut Grove Dr. Horsham, PA 19044	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Geer, Dennis F. 100 Witmer Rd., PO Box 963 Horsham, PA 19044-0963	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Simon, E. James 150 Mt. Bethel Rd. Warren, NJ 07059	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Hogan, Thomas A. 150 Mt. Bethel Rd. Warren, NJ 07059	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO Schaetzle, Michael J. 150 Mt. Bethel Rd. Warren, NJ 07059	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Daly, Michael 100 Witmer Rd., PO Box 963 Horsham, PA 19044-0963	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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
Michael Daly, Vice President

4-4-02

Date

215-682-1486

Daytime Phone #

CR2E034 (9/01)