

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07630

FILED  
Jan 07, 2008  
Secretary of State

Entity Name: GMAC MORTGAGE GROUP, INC.

## Current Principal Place of Business:

200 RENAISSANCE CTR  
DETROIT, MI 48265

## New Principal Place of Business:

## Current Mailing Address:

ONE MERIDIAN CROSSINGS, SUITE 100  
MC: 03-02-20  
MINNEAPOLIS, MN 55423

## New Mailing Address:

FEI Number: 38-2594097      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: FELDSTEIN, ERIC A  
Address: 767 FIFTH AVENUE  
City-St-Zip: NEW YORK, NY 10153

Title: CFOD ( ) Delete  
Name: WALKER, DAVID C  
Address: 200 RENAISSANCE CTR  
City-St-Zip: DETROIT, MI 48265

Title: SEC ( ) Delete  
Name: QUEENVILLE, CATHY L  
Address: 200 RENAISSANCE CTR  
City-St-Zip: DETROIT, MI 48265

Title: D ( ) Delete  
Name: KHATTRI, SANJOV  
Address: 200 RENAISSANCE CTR  
City-St-Zip: DETROIT, MI 48265

Title: D ( ) Delete  
Name: ZUKAUCKAS, LINDA K  
Address: 200 RENAISSANCE CTR  
City-St-Zip: DETROIT, MI 48265

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERIKA JOHNSON

MGR

01/07/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date