

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 828127

**FILED
Mar 11, 2016
Secretary of State
CC2574673205**

Entity Name: GMAC RISK SERVICES, INC.

Current Principal Place of Business:

300 GALLERIA OFFICENTRE
SUITE 200
SOUTHFIELD, MI 48034

Current Mailing Address:

200 RENAISSANCE CENTER
482 B09 C24
DETROIT, MI 48265 US

FEI Number: 38-6040356

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

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

Officer/Director Detail :

Title P
Name TIMMERMAN, DOUGLAS
Address 300 GALLERIA OFFICENTRE, SUITE 200
City-State-Zip: SOUTHFIELD MI 48034

Title AS
Name NOACK, ROBERT
Address 300 GALLERIA OFFICENTRE, SUITE 200
City-State-Zip: SOUTHFIELD MI 48034

Title ASST. SECRETARY
Name TAYLOR, BARBARA
Address 200 RENAISSANCE CENTER
City-State-Zip: DETROIT MI 48265

Title T, DIRECTOR
Name KOELLNER, KERRI A
Address 300 GALLERIA OFFICENTRE
City-State-Zip: SOUTHFIELD MI 48034

Title S
Name QUENNEVILLE, CATHY L
Address 200 RENAISSANCE CENTER
City-State-Zip: DETROIT MI 48265

I hereby 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 all other like empowered.

SIGNATURE: BARBARA TAYLOR

ASSISTANT SECRETARY 03/11/2016

Electronic Signature of Signing Officer/Director Detail

Date