

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F94000004508

1. Entity Name  
GMAC COMMERCIAL MORTGAGE CORPORATION



Principal Place of Business  
200 WITMER RD.  
HORSHAM, PA 19044 US

Mailing Address  
200 WITMER RD.  
ATTN: CORP COMPLIANCE  
HORSHAM, PA 19044 US

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
City & State

Zip  
Country

4. FEI Number  
23-2413444

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

04192004 Chg-P CR2E034 (10/03)



FILED  
04 APR 27 AM 11:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

5. Name and Address of Current Registered Agent  
CT 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: EVPS  
NAME: CORPORA, MARIA  
STREET ADDRESS: 200 WITMER ROAD  
CITY-ST-ZIP: HORSHAM, PA 19044

TITLE:  Change  Addition  
NAME: 500035821655  
STREET ADDRESS: 05/10/04--01078--010  
CITY-ST-ZIP: \*\*150.00

TITLE: V  
NAME: STEPHENSON, ADA J  
STREET ADDRESS: 6944 NOCBU  
CITY-ST-ZIP: TAOS, NM 87571

TITLE: Assistant Vice President  
NAME: Ann J. Williams  
STREET ADDRESS: 1515 Market Street, Suite 1210  
CITY-ST-ZIP: Philadelphia, PA 19102

TITLE: D  
NAME: CREAMER, DAVID E  
STREET ADDRESS: 200 WITMER RD.  
CITY-ST-ZIP: HORSHAM, PA 19044

TITLE:  Change  Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: TVP  
NAME: FOX, MARC  
STREET ADDRESS: 200 WITMER ROAD  
CITY-ST-ZIP: HORSHAM, PA 19044

TITLE:  Change  Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: DV  
NAME: HOCH, WAYNE D  
STREET ADDRESS: 200 WITMER ROAD  
CITY-ST-ZIP: HORSHAM, PA 19044

TITLE:  Change  Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: PD  
NAME: FELLER, ROBERT D  
STREET ADDRESS: 200 WITMER RD.  
CITY-ST-ZIP: HORSHAM, PA 19044

TITLE:  Change  Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ann J. Williams Ann J. Williams, Asst. V. P. April 16, 2005 215-563-7750  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #