

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000004508 (7)

1. Corporation Name

GMAC COMMERCIAL MORTGAGE CORPORATION



Principal Place of Business

Mailing Address

8360 OLD YORK RD.
ELKINS PARK PA 19027

ATTN: COMPLIANCE DEPT.
8360 OLD YORK ROAD
ELKINS PA 19027

3. Date Incorporated or Qualified
08/30/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
23-2413444

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P <input type="checkbox"/> DELETE
NAME	CREAMER, DAVID E
STREET ADDRESS	8360 OLD YORK ROAD
CITY-ST-ZIP	ELKINS PARK PA 19027
TITLE	V <input type="checkbox"/> DELETE
NAME	ANDREWS, JONATHAN P
STREET ADDRESS	8360 OLD YORK ROAD
CITY-ST-ZIP	ELKINS PARK PA 19027
TITLE	S <input type="checkbox"/> DELETE
NAME	SNYDER, GLEN W
STREET ADDRESS	8360 OLD YORK ROAD
CITY-ST-ZIP	ELKINS PARK PA 19027
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	SEVERYN, GARY
STREET ADDRESS	100 S. WACKER DR., #400
CITY-ST-ZIP	CHICAGO IL 60606
TITLE	CCEO <input type="checkbox"/> DELETE
NAME	KORELL, MARK L
STREET ADDRESS	8400 NORMANDALE LAKE BLVD
CITY-ST-ZIP	MINNEAPOLIS MN 55437
TITLE	V <input type="checkbox"/> DELETE
NAME	HOCH, WAYNE D
STREET ADDRESS	8360 OLD YORK ROAD
CITY-ST-ZIP	ELKINS PARK PA 19027

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	T
4.3 STREET ADDRESS	MICHAEL C. SPERGER
4.4 CITY-ST-ZIP	8360 OLD YORK RD
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	V
5.3 STREET ADDRESS	DENNIS W SHEEHAN JR
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Michael C. Sperger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL C SPERGER TREAS.

(215) 881-1439
Date Daytime Phone #

CR2E034 (12/95)