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Mar 26 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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: 8360 OLD YORK RD. ELKINS PARK PA 19027

Mailing Address: ATTN: COMPLIANCE DEPT. 8360 OLD YORK ROAD ELKINS PA 19027-1535

3. Date Incorporated or Qualified: 08/30/1994

3a. Date of Last Report: 04/19/1996

2. Principal Place of Business: 21 650 Dresher Rd. Suite, Apt. #, etc. P.O. Box 1015 City & State: Horsham, PA. Zip: 19044-8015 Country: 25

2a. Mailing Address: 26 650 Dresher Rd. Suite, Apt. #, etc. P.O. Box 1015 City & State: Horsham, PA. Zip: 19044-8015 Country: 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: CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code: FL

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE: P NAME: CREAMER, DAVID E STREET ADDRESS: 8360 OLD YORK ROAD CITY-ST-ZIP: ELKINS PARK PA 19027	<input checked="" type="checkbox"/> DELETE
TITLE: V NAME: ANDREWS, JONATHAN P STREET ADDRESS: 8360 OLD YORK ROAD CITY-ST-ZIP: ELKINS PARK PA 19027	<input checked="" type="checkbox"/> DELETE
TITLE: S NAME: SNYDER, GLEN W STREET ADDRESS: 8360 OLD YORK ROAD CITY-ST-ZIP: ELKINS PARK PA 19027	<input checked="" type="checkbox"/> DELETE
TITLE: T NAME: MICHAEL C SPERGER STREET ADDRESS: 8360 OLD YORK ROAD CITY-ST-ZIP: ELKINS PARK PA	<input checked="" type="checkbox"/> DELETE
TITLE: V NAME: DENNIS W SHEEHAN, JR. STREET ADDRESS: 8400 NORMANDALE LAKE BLVD CITY-ST-ZIP: MINNEAPOLIS MN	<input type="checkbox"/> DELETE
TITLE: V NAME: HOCH, WAYNE D STREET ADDRESS: 8360 OLD YORK ROAD CITY-ST-ZIP: ELKINS PARK PA 19027	<input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: P 1.2 NAME: Creamer, David E. 1.3 STREET ADDRESS: 650 Dresher Rd. P.O. Box 1015 1.4 CITY-ST-ZIP: Horsham, PA. 19044-8015	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE: V 2.2 NAME: Andrews, Jonathan P 2.3 STREET ADDRESS: 650 Dresher Rd. P.O. Box 1015 2.4 CITY-ST-ZIP: Horsham, PA. 19044-8015	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE: S 3.2 NAME: Snyder, Glen W. 3.3 STREET ADDRESS: 100 Witmer Rd. P.O. Box 1015 3.4 CITY-ST-ZIP: Horsham, PA. 19044-0963	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE: T 4.2 NAME: Michael C. Sperger 4.3 STREET ADDRESS: 650 Dresher Rd. P.O. Box 1015 4.4 CITY-ST-ZIP: Horsham, PA. 19044-8015	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE: V 5.2 NAME: [Blank] 5.3 STREET ADDRESS: [Blank] 5.4 CITY-ST-ZIP: 55437	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE: V 6.2 NAME: Hoch, Wayne D. 6.3 STREET ADDRESS: 650 Dresher Rd. P.O. Box 1015 6.4 CITY-ST-ZIP: Horsham, PA. 19044-8015	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 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 3/17/97 (215) 328-1439

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)