

1.) CORPORATION NAME: GMAC Service Agreement Corporation 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060-6802 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: MI	DUE DATE: 7/31/2012 SCC ID NO: F1345638 5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>100,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	100,000
CLASS	AUTHORIZED				
COMMON	100,000				

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 300 GALLERIA OFFICENTRE SUITE 200
MC: 480-300-226

CITY/ST/ZIP: SOUTHFIELD, MI 48034

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: THOMAS CALLAHAN TITLE: PRESIDENT ADDRESS: 300 GALLERIA OFFICENTR STE 200 CITY/ST/ZIP/CO: SOUTHFIELD, MI 48034	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: CATHY L QUENNEVILLE TITLE: SECRETARY ADDRESS: 200 RENAISSANCE CENTER P O BOX 200 CITY/ST/ZIP/CO: DETROIT, MI 48265	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
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NAME: DAVID FOSTER TITLE: TREASURER ADDRESS: 200 RENAISSANCE CENTER PO BOX 200 CITY/ST/ZIP/CO: DETROIT, MI 24265	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ CATHY L QUENNEVILLE	CATHY L QUENNEVILLE,	6/6/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.