State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.

1. ID No.	2. Exact name of the limited liability company
159135	GMAC Global Relocation Services, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
DELAWARE	Relocation Serivices

5. Principal office address	City	State	Zip
2021 Spring Road Suite 300	Oak Brook	IL	60523

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Cory Lehman	License Specialist

Street Address	City	State	Zip
One Meridian Crossings, Suite 100	Minneapolis	MN	55423

7. NAME AND ADDRESS OF EACH MANAGER OF THE COMPANY. IF NONE, SO INDICATE. DO NOT LIST MEMBERS. FILL IN SPACES BELOW. IF MORE THAN TWO, ATTACH ADDITIONAL SHEET. ☐

Manager Name	Manager Name
John B. Bearden	James G. Jones
Street Address	**Street Address**
2021 Spring Road, Suite 300	8400 Normandale Blvd, Suite 250
City / State / Zip	**City / State / Zip**
Oak Brook / IL / 60523	Minneapolis / MN / 55437
Manager Name	**Manager Name**
Street Address	**Street Address**
City / State / Zip	**City / State / Zip**

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address
CORPORATION SERVICE COMPANY	
Address	**City / Zip**
222 JEFFERSON BOULEVARD, SUITE 200	WARWICK 02888-

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

[redacted]

FILED
File Date SEP 24 2007
Check No. by 1593527
By:
FOR SECRETARY OF STATE USE ONLY

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

Signature of Authorized Person *Date* 9/14/07

[redacted] Erika Johnson

Print or Type Name of Authorized Person

Form 632 Rev. 07/07