STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

STOP
PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1–March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.: 113520
2. Name of Corporation: GMAC Mortgage Investments, Inc.
3. Street Address Principal Business Office: 3773 Howard Hughes Parkway
   City: Las Vegas
   State: NV
   Zip: 89109
4. Business Phone No.: 952-857-5270
5. State of Incorporation: DELAWARE
6. SIC Code: 6148
7. Brief Description of the Character of Business Conducted in Rhode Island: Master Servicer

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name: David M. Applegate
Street Address: 4 Walnut Grove Drive
City: Horsham State: PA Zip: 19044

Vice President Name: Michael J. Daly
Street Address: 100 Witmer Road, PO Box 963
City: Horsham State: PA Zip: 19044-0963

Secretary Name: Robert H. Patterson
Street Address: 100 Witmer Road, PO Box 963
City: Horsham State: PA Zip: 19044-0963

Treasurer Name: Thomas P. Stenger
Street Address: 4 Walnut Grove Drive
City: Horsham State: PA Zip: 19044

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name: David M. Applegate
Street Address: 4 Walnut Grove Drive
City: Horsham State: PA Zip: 19044

Director Name: Henry V. Celotto
Street Address: 4 Walnut Grove Drive
City: Horsham State: PA Zip: 19044

Director Name:
Street Address:
City: State: Zip:

Director Name:
Street Address:
City: State: Zip:

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000 COMM $0.01 PAR VALUE		

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	Class/Series	Par Value
1	Common	$0.01

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

* 1 1 3 5 2 0 *

File Date: 2/3/03

Check No.: 0000864214

By: Stu

FOR SECRETARY OF STATE USE ONLY

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.

Michael J Daly — 1/28/03
Signature of Officer *Date*

Michael J. Daly
Print or Type Name of Officer

Vice President
Title of Officer

Form 630 12/02