



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

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED 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, Suite 300N 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 Secretary Name Robert H. Patterson Street Address 100 Witmer Road, P.O. Box 963 City Horsham State PA. Zip 19044-0963	Vice President Name Richard F. Klumpp Street Address 3773 Howard Hughes Parkway, Suite 300N City Las Vegas State NV. Zip 89109 Treasurer Name R. Alan Lindsay Street Address 4 Walnut Grove Drive City Horsham State PA. Zip 19044
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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 Richard F. Klumpp Street Address 3773 Howard Hughes Parkway, Suite 300N City Las Vegas State NV. Zip 89109	Director Name Dennis F. Geer Street Address 100 Witmer Road, P.O. Box 963 City Horsham State PA. Zip 19044-0963 Director Name Brian C. Lasko Street Address 3800 West 80th Street, Suite 1455 City Bloomington State MN. Zip 55431
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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: 2/21

Check No.: 384835

By: [Signature]

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.

X [Signature] X 2-21-02
Signature of Officer Date

Robert H. Patterson
Print or Type Name of Officer

Vice President and Secretary
Title of Officer