

Amended



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State - Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2016

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.  
Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000101534		2. Exact name of the Corporation GMAC Service Agreement Corporation			
3. Principal office address 500 Woodward Ave. <u>14th floor</u>			City Detroit	State MI	Zip 48226
4. Business Phone No. 313-656-6600			5. State of Incorporation MI		
6. Brief description of the character of business conducted in Rhode Island <u>Marketing and functioning as an obligor of extended service contracts</u>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Douglas Timmerman			Vice-President Name		
Street Address 500 Woodward Ave. <u>14th floor</u>			Street Address		
City Detroit	State MI	Zip 48226	City	State	Zip
Secretary Name Cathy L. Quenneville			Treasurer Name Kerri Koellner		
Street Address 200 Renaissance Center			Street Address 500 Woodward Ave. <u>14th floor</u>		
City Detroit	State MI	Zip 48265	City Detroit	State MI	Zip 48226
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Kerri Koellner			Director Name Douglas Timmerman		
Street Address 500 Woodward Ave. <u>14th floor</u>			Street Address 500 Woodward Ave. <u>14th floor</u>		
City Detroit	State MI	Zip 48226	City Detroit	State MI	Zip 48226
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
5000				\$0.1	

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CORPORATIONS DIV  
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This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY

**FILED**

APR 15 2016

A.A. I'24pm

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 Representative: Barbara Taylor Date: 04/13/2016  
Print or Type Name of Authorized Representative: Barbara Taylor

**Secretary:**  
Cathy L. Quenneville

200 Renaissance Center, PO Box 200, Detroit MI 48265-2000, United States