

2001 UNIFORM BUSINESS REPORT (UBR)

0030262 AB

DOCUMENT # M98000000584

1. Entity Name
THE MEDALLION ADVISORY SERVICES, LLC

FILED

01 MAY -3 AM 10:28

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address

**811 RITCHIE HIGHWAY, SUITE 25
 SEVERNA PARK MD 21146** **811 RITCHIE HIGHWAY, SUITE 25
 SEVERNA PARK MD 21145**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **52-1995265** Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PENROSE, KENNETH R
 271 53RD CIRCLE
 VERO BEACH FL 32968**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

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 -05/25/01--01065--018
 *****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
MGRM	COCHRAN, STEPHANIE A	811 RITCHIE HIGHWAY, SUITE 25	SEVERNA PARK MD 21146	<input checked="" type="checkbox"/>
MGRM	WILSON, RONALD	815 RITCHIE HIGHWAY, SUITE 1015	SEVERNA PARK MD 21146	<input checked="" type="checkbox"/>
MGRM	THUSIUS, ROGER	815 RITCHIE HIGHWAY, SUITE 15	SEVERNA PARK MD	<input type="checkbox"/>
	NAME	STREET ADDRESS		<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
MGRM	Lorraine Flowers	40 York Road Suite 230	Towson MD 21204	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MGRM	Carl Andrew Millard	22c North Trade St.	Tyron, NC 28782	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MGRM	Terry Reinhart	10274 Lake Arbor Way Suite 208	Mitchellville, MD 20721	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ **4/30/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)