

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 10:00

DOCUMENT # **F93000005270 (4)**

1. Corporation Name

MEDALLION MORTGAGE COMPANY

Principal Place of Business	Mailing Address
PO BOX 9369 COMPLIANCE DEPT SAN JOSE CA 95157-0369 US	PO BOX 9369 COMPLIANCE DEPT SAN JOSE CA 95157-0369 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/18/1993	3a. Date of Last Report 02/22/1994
4. FEI Number 95-2034364	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 650 Saratoga Avenue	26
State, Apt. #, etc.	State, Apt. #, etc.
22	27
City & State	City & State
23 San Jose, CA	28
Zip Country	Zip Country
24 95129	29 30

9. Name and Address of Current Registered Agent

**FLORIDA - LAWDOCK, INC.
222 LAKEVIEW AVE.
4TH FLOOR
WEST PALM BEACH FL 33402-3188**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	V
NAME	HUBER, RONALD E
STREET ADDRESS	650 SARATOGA AVE.
CITY-ST-ZIP	SAN JOSE CA 95129
TITLE	PD
NAME	MUIR, WALTER E
STREET ADDRESS	650 SARATOGA AVE.
CITY-ST-ZIP	SAN JOSE CA 95129
TITLE	SD
NAME	MUIR, KAREN L
STREET ADDRESS	650 SARATOGA AVE.
CITY-ST-ZIP	SAN JOSE CA 95129
TITLE	VAS
NAME	HILLS, PETER G
STREET ADDRESS	650 SARATOGA AVE.
CITY-ST-ZIP	SAN JOSE CA 95129
TITLE	V
NAME	SATENBERG, ALLEN
STREET ADDRESS	650 SARATOGA AVE.
CITY-ST-ZIP	SAN JOSE CA 95129
TITLE	VAS
NAME	CROTTY, THOMAS J
STREET ADDRESS	650 SARATOGA AVE.
CITY-ST-ZIP	SAN JOSE CA 95129

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(9)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual report is true and correct and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the receiver or trustee empowered to use this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an affidavit with an addition.

SIGNATURE: *Peter G. Hills* Peter G. Hills 2-9-95 (408) 985-1000
(Signature and typed or printed name of officer or director) (Date) (Filing Office)