FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **847117** **(9)**

1. Corporation Name

THE MONEY STORE INVESTMENT CORPORATION

Principal Place of Business	Mailing Address
3301-C STREET STE 100-M SACRAMENTO CA 95816 US	3301-C SUITE 100-M SACRAMENTO CA 95816 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City, & State 23	City, & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: **10/02/1980**

3a. Date of Last Report: **04/25/1995**

4. FEI Number: **22-2293019** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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 _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1 TITLE		☐ Change ☐ Addition
NAME	MEDICI, ANTHONY		2 NAME		
STREET ADDRESS	37 REMINGTON DR		3 STREET ADDRESS		
CITY-ST-ZIP	EDISON NJ		4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2 TITLE		☐ Change ☐ Addition
NAME	TURTLETAUB, ALAN		2 NAME		
STREET ADDRESS	65 DORISON DR		3 STREET ADDRESS		
CITY-ST-ZIP	SHORT HILLS NJ		4 CITY-ST-ZIP		
TITLE	CEO	☐ DELETE	3 TITLE		☐ Change ☐ Addition
NAME	TURTLETAUB, MARC		3 NAME		
STREET ADDRESS	3301 C ST STE 100-M		3 STREET ADDRESS		
CITY-ST-ZIP	SACRAMENTO CA		3 CITY-ST-ZIP		
TITLE	VSD	☐ DELETE	4 TITLE		☐ Change ☐ Addition
NAME	DEAR, MORTON		4 NAME		
STREET ADDRESS	22 FORDHAM ROAD		4 STREET ADDRESS		
CITY-ST-ZIP	LIVINGSTON NJ		4 CITY-ST-ZIP		
TITLE	P	☒ DELETE	5 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	WODARSKI, LAWRENCE J		5 NAME	PAUL I. LELIAKOV	
STREET ADDRESS	3301 C ST STE 100-M		5 STREET ADDRESS	3301 C ST., SUITE 100-M	
CITY-ST-ZIP	SACRAMENTO CA		5 CITY-ST-ZIP	SACRAMENTO, CA 95816	
TITLE	T	☐ DELETE	6 TITLE		☐ Change ☐ Addition
NAME	PUGLISI, HARRY J		6 NAME		
STREET ADDRESS	2840 MORRIS AVENUE		6 STREET ADDRESS		
CITY-ST-ZIP	UNION NJ		6 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate 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 execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added by an attachment with an address.

SIGNATURE: Carly M. Hegle, Assistant Secretary 1/6/96 (916) 554-8034

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #