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May 05, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 847117

1. Corporation Name

THE MONEY STORE INVESTMENT CORPORATION

Principal Place of Business

707 3RD ST
2ND FL
W SACRAMENTO CA 95605
US

Mailing Address

707 3RD ST
2ND FL N
W SACRAMENTO CA 95605
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/02/1980

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 607.1508, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	TURTLETAUB, ALAN	
STREET ADDRESS	2840 MORRIS AVE	
CITY-ST-ZIP	UNION MJ 07083	

TITLE	DCEO	<input type="checkbox"/> DELETE
NAME	TURTLETAUB, MARC	
STREET ADDRESS	707 3RD ST	
CITY-ST-ZIP	W SACRAMENTO CA 95605	

TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	DEAR, MORTON	
STREET ADDRESS	2840 MORRIS AVE	
CITY-ST-ZIP	UNION MJ W0708	

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	PUGLISI, HARRY J	
STREET ADDRESS	707 3RD ST	
CITY-ST-ZIP	W SACRAMENTO CA 95605	

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BAEMEL, JAMES	
STREET ADDRESS	707-3RD ST	
CITY-ST-ZIP	W SACRAMENTO CA	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Paul I. Leliakov	
1.3 STREET ADDRESS	707 3rd Street	
1.4 CITY-ST-ZIP	West Sacramento, CA 95605	

2.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	James E. Maynor	
2.3 STREET ADDRESS	301 South College St., 16th Floor	
2.4 CITY-ST-ZIP	Charlotte, NC 28288	

3.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Christopher Oddleifson	
3.3 STREET ADDRESS	1000 Louis Rose Place	
3.4 CITY-ST-ZIP	Charlotte, NC 28288	

4.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	William Templeton	
4.3 STREET ADDRESS	707 3rd Street	
4.4 CITY-ST-ZIP	West Sacramento, CA 95605	

5.1 TITLE	SVP/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Arthur Q. Lyon	
5.3 STREET ADDRESS	707 3rd Street	
5.4 CITY-ST-ZIP	West Sacramento, CA 95605	

6.1 TITLE	SVP/Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Jerry M. Miller, Jr.	
6.3 STREET ADDRESS	301 South College St., 32nd Floor	
6.4 CITY-ST-ZIP	Charlotte, NC 28288	

14. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carly M. Hegle, Assistant Secretary 4/29/99

(916) 617-1045

Date

Daytime Phone #

CR2E034 (1/98)