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

APPROVED AND FILED
95 APR 25 AM 8:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 847117 (9)

1. Corporation Name
THE MONEY STORE INVESTMENT CORPORATION

Principal Place of Business	Mailing Address
2840 MORRIS AVE UNION NJ 07083	2840 MORRIS AVE UNION NJ 07083

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/02/1980	3a. Date of Last Report: 02/04/1994
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 XX No	

2. Principal Place of Business	2a. Mailing Address
21 3301 C Street	26 3301 C Street
Suite, Apt. #, etc.: 22 Suite 100-M	Suite, Apt. #, etc.: 27 Suite 100-M
City & State: 23 Sacramento, CA	City & State: 28 Sacramento, CA
Zip: 24 95816 — Country: 25 Sacramento	Zip: 29 95816 — Country: 30 Sacramento

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	☐ Change ☐ Addition
NAME	MEDICI, ANTHONY	1.2 NAME	
STREET ADDRESS	37 REMINGTON DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	EDISON NJ	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	TURTLETAUB, ALAN	2.2 NAME	
STREET ADDRESS	65 DORISON DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	SHORT HILLS NJ	2.4 CITY-ST-ZIP	
TITLE	CEO	3.1 TITLE	☐ Change ☐ Addition
NAME	TURTLETAUB, MARC	3.2 NAME	
STREET ADDRESS	3301 C ST STE 100-M	3.3 STREET ADDRESS	
CITY-ST-ZIP	SACRAMENTO CA	3.4 CITY-ST-ZIP	
TITLE	VSD	4.1 TITLE	☐ Change ☐ Addition
NAME	DEAR, MORTON	4.2 NAME	
STREET ADDRESS	22 FORDHAM ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	LIVINGSTON NJ	4.4 CITY-ST-ZIP	
TITLE	P	5.1 TITLE	☐ Change ☐ Addition
NAME	WODARSKI, LAWRENCE J	5.2 NAME	
STREET ADDRESS	3301 C ST STE 100-M	5.3 STREET ADDRESS	
CITY-ST-ZIP	SACRAMENTO CA	5.4 CITY-ST-ZIP	
TITLE	Treasurer	6.1 TITLE	☐ Change ☐ Addition
NAME	Harry Puglisi, Jr.	6.2 NAME	
STREET ADDRESS	2840 Morris Avenue	6.3 STREET ADDRESS	
CITY-ST-ZIP	Union, New Jersey 07083	6.4 CITY-ST-ZIP	

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)(k), 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.

SIGNATURE: [signature] 4/13/95 (916) 446-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0394847 FP