

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
3301-C STREET
STE 100-M
SACRAMENTO CA 95816
US

Mailing Address
3301-C
SUITE 100-M
SACRAMENTO CA 95816-3300
US

3. Date Incorporated or Qualified
10/02/1980

3a. Date of Last Report
02/13/1996

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

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
85 Zip Code
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

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	MEDICI, ANTHONY	
STREET ADDRESS	37 REMINGTON DR	
CITY - ST - ZIP	EDISON NJ	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	TURTLETAUB, ALAN	
STREET ADDRESS	65 DORISON DR	
CITY - ST - ZIP	SHORT HILLS NJ	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	TURTLETAUB, MARC	
STREET ADDRESS	3301 C ST STE 100-M	
CITY - ST - ZIP	SACRAMENTO CA	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	DEAR, MORTON	
STREET ADDRESS	22 FORDHAM ROAD	
CITY - ST - ZIP	LIVINGSTON NJ	
TITLE	P	<input type="checkbox"/> DELETE
NAME	LELIAKOV, PAUL I	
STREET ADDRESS	3301 C STREET, SUITE 100-M	
CITY - ST - ZIP	SACRAMENTO CA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PUGLISI, HARRY J	
STREET ADDRESS	2840 MORRIS AVENUE	
CITY - ST - ZIP	UNION NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Marc Turtletaub is also a director, in addition to being the CEO.
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Paul Leliakov is also a director, in addition to being the President.
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do 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.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Hegle, Assistant Secretary (916) 554-8034
Daytime Phone

CR2E034 (9/96)