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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State
05-05-1999 90070 034 ***150.00

DOCUMENT # **847117**

1. Corporation Name
THE MONEY STORE INVESTMENT CORPORATION

Principal Place of Business	Mailing Address
707 3RD ST 2ND FL W SACRAMENTO CA 95605 US	707 3RD ST 2ND FL N W SACRAMENTO CA 95605 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 10/02/1980

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

5. Certifcate 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	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

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☒ DELETE	1.1 TITLE	President	☒ Change ☐ Addition
NAME	TURTLETAUB, ALAN		1.2 NAME	Paul I. Leliakov	
STREET ADDRESS	2840 MORRIS AVE		1.3 STREET ADDRESS	707 3rd Street	
CITY-ST-ZIP	UNION MJ 07083		1.4 CITY-ST-ZIP	West Sacramento, CA 95605	
TITLE	DCEO	☐ DELETE	2.1 TITLE	Director	☒ Change ☐ Addition
NAME	TURTLETAUB, MARC		2.2 NAME	James E. Maynor	
STREET ADDRESS	707 3RD ST		2.3 STREET ADDRESS	301 South College St., 16th Floor	
CITY-ST-ZIP	W SACRAMENTO CA 95605		2.4 CITY-ST-ZIP	Charlotte, NC 28288	
TITLE	VSD	☒ DELETE	3.1 TITLE	Director	☒ Change ☐ Addition
NAME	DEAR, MORTON		3.2 NAME	Christopher Oddleifson	
STREET ADDRESS	2840 MORRIS AVE		3.3 STREET ADDRESS	1000 Louis Rose Place	
CITY-ST-ZIP	UNION MJ W0708		3.4 CITY-ST-ZIP	Charlotte, NC 28288	
TITLE	T	☒ DELETE	4.1 TITLE	Director	☒ Change ☐ Addition
NAME	PUGLISI, HARRY J		4.2 NAME	William Templeton	
STREET ADDRESS	707 3RD ST		4.3 STREET ADDRESS	707 3rd Street	
CITY-ST-ZIP	W SACRAMENTO CA 95605		4.4 CITY-ST-ZIP	West Sacramento, CA 95605	
TITLE	V	☒ DELETE	5.1 TITLE	SVP/Treasurer	☒ Change ☐ Addition
NAME	BAEMEL, JAMES		5.2 NAME	Arthur Q. Lyon	
STREET ADDRESS	707-3RD ST		5.3 STREET ADDRESS	707 3rd Street	
CITY-ST-ZIP	W SACRAMENTO CA		5.4 CITY-ST-ZIP	West Sacramento, CA 95605	
TITLE		☐ DELETE	6.1 TITLE	SVP/Secretary	☒ Change ☐ Addition
NAME			6.2 NAME	Jerry M. Miller, Jr.	
STREET ADDRESS			6.3 STREET ADDRESS	301 South College St., 32nd Floor	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Charlotte, NC 28288	

CR2E034 (11/98)

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 REQUIRED Carly M. Hegle, Assistant Secretary 4/29/99 (916) 617-1045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #