


2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jul 16, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000004412
 1. Entity Name
MEDALLION FINANCIAL DELAWARE CORP.



Principal Place of Business 437 MADISON AVENUE, 38TH FLOOR NEW YORK, NY 10022	Mailing Address 437 MADISON AVENUE, 38TH FLOOR NEW YORK, NY 10022
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DO NOT WRITE IN THIS SPACE



07012004 No Chg-P CR2E034 (10/03)

4. FEI Number 04-3291176	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Corporation Service Company DATE 7/1/4
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MURSTEIN, ALVIN 437 MADISON AVENUE, 38TH FLOOR NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MURSTEIN, ANDREW 437 MADISON AVENUE, 38TH FLOOR NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAO HALL, LARRY 437 MADISON AVENUE, 38TH FLOOR NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS RUSSO, MARIE 437 MADISON AVENUE, 38TH FLOOR NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCOO O'LEARY, BRIAN S 437 MADISON AVENUE, 38TH FLOOR NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KOWALSKY, MICHAEL J 437 MADISON AVENUE, 38TH FLOOR NEW YORK, NY 10022

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marie Russo **MARIE RUSSO** DATE 7/1/4 DAYTIME PHONE # 212-328-2130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR