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 20 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000003393 (6)**

1. Corporation Name

THE MONEY STORE COMMERCIAL MORTGAGE INC.

Principal Place of Business	Mailing Address
3301 C ST., #100 M SACRAMENTO CA 95816	3301 C ST., #100 M SACRAMENTO CA 95816

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/23/1993**

3a. Date of Last Report: **02/16/1994**

2. Principal Place of Business — 21:

Suite, Apt. #, etc. — 22:

City & State — 23:

Zip — 24: Country — 25:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 27:

City & State — 28:

Zip — 29: Country — 30:

4. FEI Number: **22-2378261** ☐ 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

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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	CEOD	11 TITLE	☐ Change ☐ Addition
NAME	TURTLETAUB, MARC J	12 NAME	
STREET ADDRESS	3301 C ST., #100M	13 STREET ADDRESS	
CITY-ST-ZIP	SACRAMENTO CA 95816	14 CITY-ST-ZIP	
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	WODARSKI, LAWRENCE J	22 NAME	
STREET ADDRESS	3301 C ST., #100M	23 STREET ADDRESS	
CITY-ST-ZIP	SACRAMENTO CA 95816	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	TURTLETAUB, ALAN	32 NAME	
STREET ADDRESS	2840 MORRIS AVE.	33 STREET ADDRESS	
CITY-ST-ZIP	UNION NJ 07083	34 CITY-ST-ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	MEDICI, A R	42 NAME	
STREET ADDRESS	2840 MORRIS AVE.	43 STREET ADDRESS	
CITY-ST-ZIP	UNION NJ 07083	44 CITY-ST-ZIP	
TITLE	VSD	51 TITLE	☐ Change ☐ Addition
NAME	DEAR, MORTON	52 NAME	
STREET ADDRESS	2840 MORRIS AVE.	53 STREET ADDRESS	
CITY-ST-ZIP	UNION NJ 07083	54 CITY-ST-ZIP	
TITLE	T	61 TITLE	☐ Change ☐ Addition
NAME	PUGLISI, HARRY JR.	62 NAME	
STREET ADDRESS	2840 MORRIS AVE.	63 STREET ADDRESS	
CITY-ST-ZIP	UNION NJ 07083	64 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)(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 added 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 #

04/1993 EN