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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 # F93000003393 (6)

1. Corporation Name

THE MONEY STORE COMMERCIAL MORTGAGE INC.

Principal Place of Business

3301 C ST., #100 M
SACRAMENTO CA 95816

Mailing Address

3301 C ST., #100 M
SACRAMENTO CA 95816-3300



3. Date Incorporated or Qualified

07/23/1993

3a. Date of Last Report

02/13/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

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

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	CEO	<input type="checkbox"/> DELETE
NAME	TURTLETAUB, MARC J	
STREET ADDRESS	3301 C ST., #100M	
CITY - ST - ZIP	SACRAMENTO CA 95816	
TITLE	P	<input type="checkbox"/> DELETE
NAME	LELIAKOV, PAUL I	
STREET ADDRESS	3301 C STREET, SUITE 100-M	
CITY - ST - ZIP	SACRAMENTO CA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	TURTLETAUB, ALAN	
STREET ADDRESS	2840 MORRIS AVE.	
CITY - ST - ZIP	UNION NJ 07083	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MEDICI, A R	
STREET ADDRESS	2840 MORRIS AVE.	
CITY - ST - ZIP	UNION NJ 07083	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	DEAR, MORTON	
STREET ADDRESS	2840 MORRIS AVE.	
CITY - ST - ZIP	UNION NJ 07083	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PUGLISI, HARRY JR.	
STREET ADDRESS	2840 MORRIS AVE.	
CITY - ST - ZIP	UNION NJ 07083	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Paul Leliakov is also director, in
2.3 STREET ADDRESS	addition to being the President.
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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:

Carly M. Hegle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carly M. Hegle, Assistant Secretary 1/21/97 (916) 554-8030

Date

Daytime Phone #

0608878

CR2E034 (9/96)