

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

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 035 \*\*\*150.00

DOCUMENT # F93000003393

1. Corporation Name

THE MONEY STORE COMMERCIAL MORTGAGE INC.

Principal Place of Business

707 3RD ST  
2ND FL N  
W SACRAMENTO CA 95605  
US

Mailing Address

707 3RD ST  
2ND FL N  
W SACRAMENTO CA 95605  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/23/1993

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 owes the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

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

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 ☐ DELETE

NAME  
CEOD  
TURTLETAUB, MARC J  
STREET ADDRESS  
707 3RD ST  
CITY-ST-ZIP  
W SACRAMENTO CA 95605

TITLE ☐ DELETE

NAME  
DP  
LELIAKOV, PAUL I  
STREET ADDRESS  
707 3RD ST  
CITY-ST-ZIP  
W SACRAMENTO CA 95605

TITLE ☒ DELETE

NAME  
VD  
TURTLETAUB, ALAN  
STREET ADDRESS  
2840 MORRIS AVE.  
CITY-ST-ZIP  
UNION NJ 07083

TITLE ☒ DELETE

NAME  
VSD  
DEAR, MORTON  
STREET ADDRESS  
2840 MORRIS AVE.  
CITY-ST-ZIP  
UNION NJ 07083

TITLE ☒ DELETE

NAME  
T  
PUGLISI, HARRY JR.  
STREET ADDRESS  
707 3RD ST  
CITY-ST-ZIP  
W SACRAMENTO CA 95605

TITLE ☒ DELETE

NAME  
V  
BAEMEL, JAMES  
STREET ADDRESS  
707 3RD ST  
CITY-ST-ZIP  
W SACRAMENTO CA 95605

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
Director  
James E. Maynor  
1.3 STREET ADDRESS  
301 South College St., 16th Floor  
1.4 CITY-ST-ZIP  
Charlotte, NC 28288

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
Director  
Christopher Oddleifson  
2.3 STREET ADDRESS  
1000 Louis Rose Place  
2.4 CITY-ST-ZIP  
Charlotte, NC 28288

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME  
Director  
William Templeton  
3.3 STREET ADDRESS  
707 3rd Street  
3.4 CITY-ST-ZIP  
West Sacramento, CA 95605

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME  
SVP/Treasurer  
Arthur Q. Lyon  
4.3 STREET ADDRESS  
707 3rd Street  
4.4 CITY-ST-ZIP  
West Sacramento, CA 95605

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
SVP/Secretary  
Jerry M. Miller, Jr.  
5.3 STREET ADDRESS  
301 South College St., 32nd Floor  
5.4 CITY-ST-ZIP  
Charlotte, NC 28288

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carly M. Hegler, Asst. Sec- 4/29/99

Date

(916) 617-1045

Daytime Phone #

CR2E034 (11/98)

0560321