2006 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # F97000000783

1. Entity Name

MEDALLION FUNDING 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 FILED

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No Chg-P

CR2E034 (11/05)

4. FEI Number 11-2523716 Applied For Not Applicable

182

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301

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

SIGNATURE.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

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.

	Ð	ue by September 6, 2006	Trast Fund Contribution
	10.	OFFICERS AND DIREC	CTORS
	TITLE NAME STREET ADDRESS CIFY-ST-ZIP	CEOC MURSTEIN, ALVIN 437 MADISON AVENUE, 38TH FLOO NEW YORK, NY 10022	R
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOWALSKY, MICHAEL J 437 MADISON AVENUE, 38TH FLOO NEW YORK, NY 10022	R
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS RUSSO, MARIE 437 MADISON AVENUE, 38TH FLOO NEW YORK, NY 10022	R
Ī	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURSTEIN, ANDREW M 437 MADISON AVENUE, 38TH FLOO NEW YORK, NY 10022	R
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KREITMAN, STANLEY 437 MADISON AVENUE, 38TH FLOO NEW YORK, NY 10022	R
	TITLE NAME STREET ADDRESS CITY+ST-ZIP	NEW YORK, NY 10022	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

8-23-06

Daytime Phone #

Michael J Kowalsky



RECEIVED

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REFERENCE : 332581 7187463

AUTHORIZATION :

COST LIMIT : \$ 150.00

ORDER DATE : August 24, 2006

ORDER TIME : 10:44 AM

ORDER NO. : 332581-010

CUSTOMER NO: 7187463

ANNUAL REPORT FILING

NAME: MEDALLION FUNDING CORP.

<u> </u>	NUAL REPO	RT					
PLEASE F	RETURN THE	FOLLOWING	AS	PROOF	OF	FILING:	
XX	CERTIFIED PLAIN STA CERTIFICA		STA	MDING			
CONTACT	PERSON:	Unassigned	- E	Ext. 2	933		

EXAMINER'S INITIALS: