

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**  
 04-30-2002 90041 008 \*\*\*150.00

NOTED AT

**DOCUMENT # F98000006880**

**1. Entity Name**  
**MEDALLION INVESTMENT SERVICES, INC.**

**Principal Place of Business**  
**811 RITCHIE HWY.**  
**SEVERNA PARK MD 21146**

**Mailing Address**  
**811 RITCHIE HWY.**  
**SEVERNA PARK MD 21146**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**

**52-2080652**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**PENROSE, KENNETH R**  
**271 53RD CIRCLE**  
**VERO BEACH FL 32968**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**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.**

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing**  
 Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PD** ☐ Delete  
**NAME** **PENROSE, KENNETH R**  
**STREET ADDRESS** **271 53RD CIRCLE**  
**CITY-ST-ZIP** **VERO BEACH FL 32968**

**TITLE** **V/D** ☒ Change ☐ Addition  
**NAME** **Kenneth R. Penrose**  
**STREET ADDRESS** **271 53rd Circle**  
**CITY-ST-ZIP** **Vero Beach, FL 32968**

**TITLE** **SVP** ☐ Delete  
**NAME** **MITCHELL, PHYLLIS R**  
**STREET ADDRESS** **11032 NICHOLAS LANE SUITE A101**  
**CITY-ST-ZIP** **BERLIN MD 21811**

**TITLE** **S/D/FIN** ☐ Change ☒ Addition  
**NAME** **John J. Cvach**  
**STREET ADDRESS** **1118 Baldwin Hill Road**  
**CITY-ST-ZIP** **Jarrettsville, MD. 21084**

**TITLE** **T** ☒ Delete  
**NAME** **WILSON, RONALD**  
**STREET ADDRESS** **819 RITCHIE HWY., STE. 1015**  
**CITY-ST-ZIP** **SEVERNA PARK MD 21146**

**TITLE** **D/T/FIN** ☐ Change ☒ Addition  
**NAME** **Terry M. Reinhart**  
**STREET ADDRESS** **10274 Lake Arbor Way, Suite 208**  
**CITY-ST-ZIP** **Mitchellville, MD. 20721**

**TITLE** **FIN** ☐ Delete  
**NAME** **MOULD, JOHN R**  
**STREET ADDRESS** **811 RITCHIE HWY**  
**CITY-ST-ZIP** **SEVERNA PARK MD 21146**

**TITLE** **P/FIN** ☒ Change ☐ Addition  
**NAME** **John R. Mould**  
**STREET ADDRESS** **811 Ritchie Hwy., Suite 25**  
**CITY-ST-ZIP** **Severna Park, MD. 21146**

**TITLE** **V** ☐ Delete  
**NAME** **GORDON, KATHY J**  
**STREET ADDRESS** **228 N DIVISION ST**  
**CITY-ST-ZIP** **SALISBURY MD 21801**

**TITLE** **V/V** ☐ Change ☒ Addition  
**NAME** **Lorraine A. Flowers**  
**STREET ADDRESS** **40 York Road, Suite 230**  
**CITY-ST-ZIP** **Towson, MD. 21204**

**TITLE** **V** ☐ Delete  
**NAME** **RYAN, H M JR**  
**STREET ADDRESS** **106 OLD PADONIA RD**  
**CITY-ST-ZIP** **HUNT VALLEY MD 21030**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** **John R. Mould**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/12/02 410-544-8400**  
 Date Daytime Phone #

CR2E034 (9/01)