

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90152 007 ***158.75

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

Zip

Country

Zip

Country

4. FEI Number **52-2080652**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept 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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PENROSE, KENNETH R	
STREET ADDRESS	271 53RD CIRCLE	
CITY-ST-ZIP	VERO BEACH FL 32968	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	MITCHELL, PHYLLIS R	
STREET ADDRESS	11032 NICHOLAS LANE SUITE A101	
CITY-ST-ZIP	BERLIN MD 21811	
TITLE	SDFN	<input checked="" type="checkbox"/> Delete
NAME	CVACH, JOHN J	
STREET ADDRESS	1118 BALDWIN HILL RD	
CITY-ST-ZIP	JARRETTVILLE MD 21084	
TITLE	FIN	<input checked="" type="checkbox"/> Delete
NAME	MOULD, JOHN R	
STREET ADDRESS	811 RITCHIE HWY	
CITY-ST-ZIP	SEVERNA PARK MD 21146	
TITLE	V	<input type="checkbox"/> Delete
NAME	GORDON, KATHY J	
STREET ADDRESS	228 N DIVISION ST	
CITY-ST-ZIP	SALISBURY MD 21801	
TITLE	V	<input type="checkbox"/> Delete
NAME	RYAN, H M JR	
STREET ADDRESS	106 OLD PADONIA RD	
CITY-ST-ZIP	HUNT VALLEY MD 21030	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Penrose, Kenneth R.	
STREET ADDRESS	271 53rd Circle	
CITY-ST-ZIP	Vero Beach, FL 32968	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Flowers, Lorraine A	
STREET ADDRESS	40 York Road, Suite 230	
CITY-ST-ZIP	Towson MD 21204	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wilson, Ronald L	
STREET ADDRESS	100 Village Sq Crossing Suite 201	
CITY-ST-ZIP	Palm Beach Gardens FL 33410	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Madary, Douglas R	
STREET ADDRESS	106 Old Padonia Road	
CITY-ST-ZIP	Hunt Valley MD 21030	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steiner, Robert E	
STREET ADDRESS	1104 W Spresser Street	
CITY-ST-ZIP	Taylorville IL 62568	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Taylor Jr, Joseph Z	
STREET ADDRESS	811 Ritchie Highway, Suite 25	
CITY-ST-ZIP	Severna Park MD 21146	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03 410-544-8400

Date Daytime Phone #

CR2E034 (10/02)