

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 22 AM 9:52

DOCUMENT # F47717 (6)

1. Corporation Name  
ITP LICENSING CORPORATION

Principal Place of Business Mailing Address  
C/O MARKBOROUGH FLORIDA C/O MARKBOROUGH FLORIDA  
8709 HUNTER'S GREEN DRIVE 8709 HUNTER'S GREEN DRIVE  
TAMPA FL 33647 TAMPA FL 33647  
US US

DO NOT WRITE IN THIS SPACE.

|                                |  |                        |  |  |                         |
|--------------------------------|--|------------------------|--|--|-------------------------|
| 2. Principal Place of Business |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified  | 3a. Date of Last Report |
| 21                             |  | 26                     |  | 09/29/1981   | 03/08/1994              |
| 22 Suite, Apt. #, etc.         |  | 27 Suite, Apt. #, etc. |  | 4. FEI Number  | Applied For             |
| 23 City & State                |  | 28 City & State        |  | 98-0019665   | Not Applicable          |
| 24 Zip                         |  | 29 Zip                 |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required   |                         |
| 25 Country                     |  | 30 Country             |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees                                      |                         |
|                                |  |                        |  | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                         |

|  |  |  |  |   |    |    |          |
|--|--|--|--|---|----|----|----------|
| 9. Name and Address of Current Registered Agent  |  |  |  | 10. Name and Address of New Registered Agent          |    |    |          |
| THE PRENTICE-HALL CORPORATION SYSTEM INC.<br>1201 HAYS STREET<br>SUITE 105<br>TALLAHASSEE FL 32301 |  |  |  | 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                           | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---------------------------|---|--|
| TITLE                      | PD                        | 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CIOCCA, HENRY G           | 1.2 NAME  | PD WREN, WILLIAM   |
| STREET ADDRESS             | 655 WASHINGTON BLVD.      | 1.3 STREET ADDRESS                                    | TWO MILL ROAD  |
| CITY-ST-ZIP                | STAMFORD CT               | 1.4 CITY-ST-ZIP                                       | WILMINGTON DE  |
| TITLE                      | VD                        | 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | JACHINO, ROBERT J         | 2.2 NAME  | VD JONES, MARTIN B.  |
| STREET ADDRESS             | 65F5 WASHINGTON BLVD.     | 2.3 STREET ADDRESS                                    | 180 WARDOUR ST.  |
| CITY-ST-ZIP                | STAMFORD CT               | 2.4 CITY-ST-ZIP                                       | LONDON EN  |
| TITLE                      | VAS                       | 3.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SCHROEDER, JAMES          | 3.2 NAME  | VSD SCHURR, JAMES R.   |
| STREET ADDRESS             | 245 PARK AVENUE           | 3.3 STREET ADDRESS                                    | TWO MILL ROAD  |
| CITY-ST-ZIP                | NEW YORK NY               | 3.4 CITY-ST-ZIP                                       | WILMINGTON DE  |
| TITLE                      | AS                        | 4.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | JORDAN, DAVID W           | 4.2 NAME  | TD LEWIS, ALAN M.  |
| STREET ADDRESS             | 655 WASHINGTON BLVD.      | 4.3 STREET ADDRESS                                    | SUITE 2706, TORONTO DOMINION CENTER  |
| CITY-ST-ZIP                | STAMFORD CT               | 4.4 CITY-ST-ZIP                                       | TORONTO ON   |
| TITLE                      | V                         | 5.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BLAKLEY, JOHN C           | 5.2 NAME  | TD CROFT, IAN D.   |
| STREET ADDRESS             | 8709 HUNTER'S GREEN DRIVE | 5.3 STREET ADDRESS                                    | 65 QUEEN STREET WEST   |
| CITY-ST-ZIP                | TAMPA FL                  | 5.4 CITY-ST-ZIP                                       | TORONTO ON   |
| TITLE                      | VS                        | 6.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | THREATT, ROBERT R         | 6.2 NAME  | TD CORBIN, STUART N.   |
| STREET ADDRESS             | 655 WASHINGTON BLVD       | 6.3 STREET ADDRESS                                    | 180 WARDOUR ST.  |
| CITY-ST-ZIP                | STAMFORD CT               | 6.4 CITY-ST-ZIP                                       | LONDON EN  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 recorder 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: *James R. Schurr* Feb. 17, 1995 302-5944716  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR