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Secretary of State

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PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F47717

1. Corporation Name
ITP LICENSING CORPORATION

Principal Place of Business
TWO MILL ROAD
SUITE 104
WILMINGTON DE 19806
US

Mailing Address
C/O MARKBOROUGH FLORIDA
6709 HUNTER'S GREEN DRIVE
TAMPA FL 33647
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 TWO MILL ROAD

Suite, Apt. #, etc.

22 SUITE 104

City & State

23 WILMINGTON DE

Zip

24 19806

Country

25 US

2a. Mailing Address

26 TWO MILL ROAD

Suite, Apt. #, etc.

27 SUITE 104

City & State

28 WILMINGTON DE

Zip

29 19806

Country

30 US

3. Date Incorporated or Qualified

09/29/1981

4. FEI Number

59-2139527

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

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 VD DELETE
NAME JONES, MARTIN B
STREET ADDRESS 180 WARDOUR ST
CITY-ST-ZIP LONDON EN

TITLE PD DELETE
NAME SCHURR, JAMES R
STREET ADDRESS TWO MILL ROAD
CITY-ST-ZIP WILMINGTON DE

TITLE TD DELETE
NAME LEWIS, ALAN M
STREET ADDRESS SUITE 2706, TORONTO DOMINION CENTER
CITY-ST-ZIP TORONTO ON

TITLE SD DELETE
NAME CROFT, IAN D
STREET ADDRESS 65 QUEEN STREET WEST
CITY-ST-ZIP TORONTO ON

TITLE VD DELETE
NAME CORBIN, STUART N
STREET ADDRESS 180 WARDOUR ST
CITY-ST-ZIP LONDON EN

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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:

James R. Schurr
James R. Schurr

4/8/99

302-594-4700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)