

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 → 22.95 B-1470-NC

CORPORATION ANNUAL REPORT 1995

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



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

95 FEB 22 AM 11:00

DOCUMENT # F92139 (7)

1. Corporation Name
MARKBOROUGH DELAWARE INVESTMENTS INC.

Principal Place of Business Mailing Address

**TWO MILL ROAD
 P. O. BOX 4679
 WILMINGTON DE 19807
 US**

**TWO MILL ROAD
 P. O. BOX 4679
 WILMINGTON DE 19807
 US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report

07/21/1982 **07/06/1994**

4. FEI Number Applied For

59-2250796 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WREN, WILLIAM
STREET ADDRESS	TWO MILL ROAD
CITY-ST-ZIP	WILMINGTON DE
TITLE	VD
NAME	JONES, MARTIN B.
STREET ADDRESS	180 WARDOUR ST.
CITY-ST-ZIP	LONDON EN
TITLE	VSD
NAME	SCHURR, JAMES R.
STREET ADDRESS	TWO MILL ROAD
CITY-ST-ZIP	WILMINGTON DE
TITLE	TD
NAME	LEWIS, ALAN M.
STREET ADDRESS	SUITE 2706, TORONTO DOMINION CENTER
CITY-ST-ZIP	TORONTO ON
TITLE	D
NAME	CROFT, IAN D.
STREET ADDRESS	65 QUEEN STREET WEST
CITY-ST-ZIP	TORONTO ON
TITLE	D
NAME	CORBIN, STUART N.
STREET ADDRESS	180 WARDOUR ST.
CITY-ST-ZIP	LONDON EN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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)(k), 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 007, 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 Date: Feb. 17, 1995 502-594-4216

PRINT AND TYPE ON PROVIDED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JAMES R. SCHURR