

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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

3. Date Incorporated or Qualified 07/21/1982	3a. Date of Last Report 02/22/1995
4. FEI Number 59-2250796	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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 checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 State, Apt. #, etc.	26 State, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
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 607.1504, 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 of Registered Agent

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WREN, WILLIAM	12 NAME	
STREET ADDRESS	TWO MILL ROAD	13 STREET ADDRESS	
CITY, ST, ZIP	WILMINGTON DE	14 CITY, ST, ZIP	
TITLE	VD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, MARTIN B.	22 NAME	
STREET ADDRESS	180 WARDOUR ST.	23 STREET ADDRESS	
CITY, ST, ZIP	LONGON EN	24 CITY, ST, ZIP	
TITLE	VSD	31 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHURR, JAMES R.	32 NAME	
STREET ADDRESS	TWO MILL ROAD	33 STREET ADDRESS	
CITY, ST, ZIP	WILMINGTON DE	34 CITY, ST, ZIP	
TITLE	TD	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, ALAN M.	42 NAME	
STREET ADDRESS	SUITE 2706, TORONTO DOMINION CENTER	43 STREET ADDRESS	
CITY, ST, ZIP	TORONTO ON	44 CITY, ST, ZIP	
TITLE	D	51 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROFT, IAN D.	52 NAME	
STREET ADDRESS	65 QUEEN STREET WEST	53 STREET ADDRESS	
CITY, ST, ZIP	TORONTO ON	54 CITY, ST, ZIP	
TITLE	D	61 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORBIN, STUART N.	62 NAME	
STREET ADDRESS	180 WARDOUR ST.	63 STREET ADDRESS	
CITY, ST, ZIP	LONDON EN	64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and I do not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information provided 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, director, or 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.

SIGNATURE:

James R. Schurr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James R. Schurr

2/22/96

302-594-4700

CR2E034 (12/95)