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

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/29/1981
3a. Date of Last Report: 03/08/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: 98-0019665 ☐ 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 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 _____ 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	PD	☒ Change ☐ Addition
NAME	CIOCCA, HENRY G	1.2 NAME	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	VD	☒ Change ☐ Addition
NAME	JACHINO, ROBERT J	2.2 NAME	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	VSD	☒ Change ☐ Addition
NAME	SCHROEDER, JAMES	3.2 NAME	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	TD	☒ Change ☐ Addition
NAME	JORDAN, DAVID W	4.2 NAME	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	D	☒ Change ☐ Addition
NAME	BLAKLEY, JOHN C	5.2 NAME	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	D	☒ Change ☐ Addition
NAME	THREATT, ROBERT R	6.2 NAME	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 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.

SIGNATURE: James R Schurr — Feb 17, 1995 — 302-594-4916
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
JAMES R. SCHURR

0443060 FP