SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

FILED
Jul 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # F47717 (6)

1. Corporation Name

ITP LICENSING CORPORATION

[redacted]

Principal Place of Business	Mailing Address
C/O MARKBOROUGH FLORIDA 8709 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: 02/28/96
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
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 TWO MILL ROAD	26 TWO MILL ROAD
Suite, Apt. #, etc.: 22 P.O. BOX 4679	Suite, Apt. #, etc.: 27 P.O. BOX 4679
City & State: 23 WILMINGTON DE	City & State: 28 WILMINGTON DE
Zip: 24 19807 Country: 25 US	Zip: 29 19807 Country: 30 US

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	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WREN, WILLIAM		1.2 NAME		
STREET ADDRESS	TWO MILL ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	WILMINGTON DE		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JONES, MARTIN B.		2.2 NAME		
STREET ADDRESS	180 WARDOUR ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	LONDON EN		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SCHURR, JAMES R.		3.2 NAME		
STREET ADDRESS	TWO MILL ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	WILMINGTON DE		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LEWIS, ALAN M.		4.2 NAME		
STREET ADDRESS	SUITE 2706, TORONTO DOMINION CENTER		4.3 STREET ADDRESS		
CITY-ST-ZIP	TORONTO ON		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CROFT, IAN D.		5.2 NAME		
STREET ADDRESS	65 QUEEN STREET WEST		5.3 STREET ADDRESS		
CITY-ST-ZIP	TORONTO ON		5.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	CORBIN, STUART N.		6.2 NAME		
STREET ADDRESS	180 WARDOUR ST.		6.3 STREET ADDRESS		
CITY-ST-ZIP	LONDON EN		6.4 CITY-ST-ZIP		

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CR2E034 (4/97)

14. I do 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.

SIGNATURE: James R. Schurr 7/22/97 302-594-4700