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Mar 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # F47717 (6)

1. Corporation Name

ITP LICENSING CORPORATION

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 (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM 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 607.1508, 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 reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	JONES, MARTIN B.		1.2 NAME	
STREET ADDRESS	180 WARDOUR ST.		1.3 STREET ADDRESS	
CITY-ST-ZIP	LONDON EN		1.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SCHURR, JAMES R.		2.2 NAME	
STREET ADDRESS	TWO MILL ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON DE		2.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LEWIS, ALAN M.		3.2 NAME	
STREET ADDRESS	SUITE 2706, TORONTO DOM CTR		3.3 STREET ADDRESS	
CITY-ST-ZIP	TORONTO ON		3.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CROFT, IAN D.		4.2 NAME	
STREET ADDRESS	65 QUEEN STREET WEST		4.3 STREET ADDRESS	
CITY-ST-ZIP	TORONTO ON		4.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	CORBIN, STUART N.		5.2 NAME	
STREET ADDRESS	180 WARDOUR ST.		5.3 STREET ADDRESS	
CITY-ST-ZIP	LONDON EN		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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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.

SIGNATURE James R. Schurr JAMES R. SCHURR 3/20/98 302-594-4700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Business Telephone Number

CR2E034 (10/97)