

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 11:34

DOCUMENT # **H23177 (9)**
1. Corporation Name
ME LICENSING CORPORATION

Principal Place of Business Mailing Address
**C/O MARKBOROUGH FLORIDA INC.
8709 HUNTER'S GREEN DRIVE
TAMPA FL 33647**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/24/1984** 3a. Date of Last Report **02/22/1994**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number **59-2453729** 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

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 607.1508, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	CIOCCA, HENRY G.
STREET ADDRESS	655 WASHINGTON BLVD.
CITY-ST-ZIP	STAMFORD CT
TITLE	VD
NAME	JACHINO, ROBERT J.
STREET ADDRESS	655 WASHINGTON BLVD.
CITY-ST-ZIP	STAMFORD CT
TITLE	VAS
NAME	SCHROEDER, JAMES W.
STREET ADDRESS	245 PARK AVE
CITY-ST-ZIP	NEW YORK NY
TITLE	AS
NAME	JORDAN, DAVID W.
STREET ADDRESS	655 WASHINGTON BLVD.
CITY-ST-ZIP	STAMFORD CT
TITLE	VS
NAME	THREATT, ROBERT R
STREET ADDRESS	655 WASHINGTON BLVD
CITY-ST-ZIP	STAMFORD CT 06901
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WREN, WILLIAM
1.3 STREET ADDRESS	TWO MILL ROAD
1.4 CITY-ST-ZIP	WILMINGTON DE
2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JONES, MARTIN B.
2.3 STREET ADDRESS	180 WARDOUR ST
2.4 CITY-ST-ZIP	LONDON EN
3.1 TITLE	VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SCHUAR, JAMES R
3.3 STREET ADDRESS	TWO MILL ROAD
3.4 CITY-ST-ZIP	WILMINGTON DE
4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LEWIS, ALAN M.
4.3 STREET ADDRESS	SUITE 2706, TORONTO Dominion CENTER
4.4 CITY-ST-ZIP	TORONTO ON
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	CROFT, IAN D
5.3 STREET ADDRESS	65 QUEEN STREET WEST
5.4 CITY-ST-ZIP	TORONTO ON
6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	CORBIN, STUART N.
6.3 STREET ADDRESS	180 WARDOUR ST
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)(b), 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 the person empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

James R. Schuer
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR
JAMES R. SCHUER

Feb. 17, 1995 302-594-4716
Date Office Phone #