
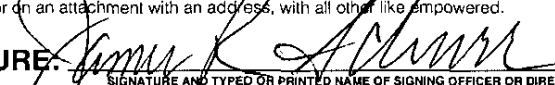


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90047 012 ***150.00

DOCUMENT # H23177					
1. Entity Name GLOBAL INFORMATION LICENSING CORPORATION					
Principal Place of Business 650 NAAMANS RD STE 307 CLAYMONT, DE 19703 US			Mailing Address 650 NAAMANS RD STE 307 CLAYMONT, DE 19703 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	
				Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUTHILL, WALTER C		NAME		
STREET ADDRESS	1201 NORTH MARKET STREET		STREET ADDRESS		
CITY-ST-ZIP	WILMINGTON, DE 19899		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHURR, JAMES R.		NAME		
STREET ADDRESS	650 NAAMANS ROAD STE 307		STREET ADDRESS		
CITY-ST-ZIP	CLAYMONT, DE 19703		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEWIS, ALAN M.		NAME	Gerard, John T.	
STREET ADDRESS	SUITE 2706 TORONTO DOMINION CENTER		STREET ADDRESS	Suite 2706, Toronto Dominion Center	
CITY-ST-ZIP	TORONTO, ONT, CANADA,		CITY-ST-ZIP	Toronto, ON	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROFT, IAN D.		NAME		
STREET ADDRESS	65 QUEEN STREET WEST		STREET ADDRESS		
CITY-ST-ZIP	TORONTO, ONT, CANADA,		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIRENDER, PURI		NAME		
STREET ADDRESS	WEINBERGSTRASSE 5		STREET ADDRESS		
CITY-ST-ZIP	ZUG SWITZERLAND, ch6300		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 report or supplemental reports 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		James R. Schurr		4/1/04 302-792-1444	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	