

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90044 012 \*\*\*150.00

DOCUMENT # F47717

1. Corporation Name

ITP LICENSING CORPORATION

Principal Place of Business

TWO MILL ROAD  
SUITE 104  
WILMINGTON DE 19806  
US

Mailing Address

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

4. FEI Number

59-2139527

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 TWO MILL ROAD

Suite, Apt. #, etc.

22 SUITE 104

City & State

23 WILMINGTON DE

Zip

24 19806

Country

25 US

2a. Mailing Address

26 TWO MILL ROAD

Suite, Apt. #, etc.

27 SUITE 104

City & State

28 WILMINGTON DE

Zip

29 19806

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

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 ☐ DELETE

NAME  
JONES, MARTIN B  
STREET ADDRESS  
180 WARDOUR ST  
CITY-ST-ZIP  
LONDON EN

TITLE ☐ DELETE

NAME  
SCHURR, JAMES R  
STREET ADDRESS  
TWO MILL ROAD  
CITY-ST-ZIP  
WILMINGTON DE

TITLE ☐ DELETE

NAME  
LEWIS, ALAN M  
STREET ADDRESS  
SUITE 2706, TORONTO DOMINION CENTER  
CITY-ST-ZIP  
TORONTO ON

TITLE ☐ DELETE

NAME  
CROFT, IAN D  
STREET ADDRESS  
65 QUEEN STREET WEST  
CITY-ST-ZIP  
TORONTO ON

TITLE ☐ DELETE

NAME  
CORBIN, STUART N  
STREET ADDRESS  
180 WARDOUR ST  
CITY-ST-ZIP  
LONDON EN

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

JAMES R. SCHURR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/8/99

302-594-4700

Daytime Phone #

CR2E034 (11/98)