FILE NOW: FILING FEE AFTER MAY 1 IS $225.00 22295 B-1470-NC

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:00

DOCUMENT # F92139 (7)

1. Corporation Name

MARKBOROUGH DELAWARE INVESTMENTS INC.

Principal Place of Business	Mailing Address
TWO MILL ROAD P. O. BOX 4579 WILMINGTON DE 19807 US	TWO MILL ROAD P. O. BOX 4579 WILMINGTON DE 19807 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/21/1982
3a. Date of Last Report: 07/06/1994

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

4. FEI Number: 59-2250796 ☐ 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

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	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	2.1 TITLE	☐ Change ☐ Addition
NAME	JONES, MARTIN B.	2.2 NAME	
STREET ADDRESS	180 WARDOUR ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LONGON EN	2.4 CITY-ST-ZIP	
TITLE	VSD	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	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	D	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	D	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	

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)(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 Feb. 17, 1995 302-594-4716
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #
JAMES R. SCHURR

0486651 FN