FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F92139** **(7)**

1. Corporation Name

MARKBOROUGH DELAWARE INVESTMENTS INC.

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

3. Date Incorporated or Qualified: **07/21/1982**
3a. Date of Last Report: **02/22/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 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 607.0503 and 607.1504, 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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	WREN, WILLIAM		12 NAME		
STREET ADDRESS	TWO MILL ROAD		13 STREET ADDRESS		
CITY, ST, ZIP	WILMINGTON DE		14 CITY, ST, ZIP		
TITLE	VD	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	JONES, MARTIN B.		22 NAME		
STREET ADDRESS	180 WARDOUR ST.		23 STREET ADDRESS		
CITY, ST, ZIP	LONGON EN		24 CITY, ST, ZIP		
TITLE	VSD	☐ DELETE	31 TITLE	PD	☒ Change ☐ Addition
NAME	SCHURR, JAMES R.		32 NAME		
STREET ADDRESS	TWO MILL ROAD		33 STREET ADDRESS		
CITY, ST, ZIP	WILMINGTON DE		34 CITY, ST, ZIP		
TITLE	TD	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	LEWIS, ALAN M.		42 NAME		
STREET ADDRESS	SUITE 2706, TORONTO DOMINION CENTER		43 STREET ADDRESS		
CITY, ST, ZIP	TORONTO ON		44 CITY, ST, ZIP		
TITLE	D	☐ DELETE	51 TITLE	SD	☒ Change ☐ Addition
NAME	CROFT, IAN D.		52 NAME		
STREET ADDRESS	65 QUEEN STREET WEST		53 STREET ADDRESS		
CITY, ST, ZIP	TORONTO ON		54 CITY, ST, ZIP		
TITLE	D	☐ DELETE	61 TITLE	VD	☒ Change ☐ Addition
NAME	CORBIN, STUART N.		62 NAME		
STREET ADDRESS	180 WARDOUR ST.		63 STREET ADDRESS		
CITY, ST, ZIP	LONDON EN		64 CITY, ST, ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is accurate 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 — James R. Schurr — 2/22/96 — 302-594-4700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #