

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F92139

1. Entity Name

MARKBOROUGH DELAWARE INVESTMENTS INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90034 049 ***150.00

Principal Place of Business

Mailing Address

TWO MILL ROAD
STE 104
WILMINGTON DE 19806
US

TWO MILL ROAD
STE 104
WILMINGTON DE 19703-2300
US

2. Principal Place of Business

650 Naamans Road

3. Mailing Address

650 Naamans Road

Suite, Apt. #, etc.

Suite 301

Suite, Apt. #, etc.

Suite 301

City & State

Claymont, DE

City & State

Claymont, DE

Zip

19703

Country

USA

Zip

19703..

Country

USA

4. FEI Number

59-2250796

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VD** ☐ Delete
NAME **JONES, MARTIN B.**
STREET ADDRESS **180 WARDOUR ST.**
CITY-ST-ZIP **LONDON EN**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **SCHURR, JAMES R.**
STREET ADDRESS **TWO MILL ROAD**
CITY-ST-ZIP **WILMINGTON DE**

TITLE **PD** ☒ Change ☐ Addition
NAME **SCHURR, JAMES R.**
STREET ADDRESS **650 NAAMANS ROAD, SUITE 301**
CITY-ST-ZIP **CLAYMONT, DE 19703**

TITLE **TD** ☐ Delete
NAME **LEWIS, ALAN M.**
STREET ADDRESS **SUITE 2706, TORONTO DOMINION CENTER**
CITY-ST-ZIP **TORONTO ON**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **CROFT, IAN D.**
STREET ADDRESS **65 QUEEN STREET WEST**
CITY-ST-ZIP **TORONTO ON**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **CORBIN, STUART N.**
STREET ADDRESS **180 WARDOUR ST.**
CITY-ST-ZIP **LONDON EN**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James R. Schurr

4/6/00

302-792-1444

Date

Daytime Phone #

CR2E034 (9/99)