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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

**DOCUMENT # F94000000345 (8)**

1. Corporation Name

**MARKBOROUGH DEVELOPMENT INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**GAINNEY RANCH FINANCIAL CENTER  
7377 E. DOUBLE TREE RANCH ROAD SUITE 250  
SCOTTSDALE AZ 85258**

3. Date Incorporated or Qualified **01/24/1994** 3a. Date of Last Report  
4. FEI Number **86-0366358** 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**  
6. This corporation has liability for intangible tax under § 199.032, Florida Statutes  Yes  No

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

9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
110 NORTH MAGNOLIA STREET  
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 607.1503, 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: Type or print name of registered agent and file #, if applicable. (Initial: Registered Agent signature expires after recording.)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<del><b>KILBAY, JAMES</b></del> <i>delete</i>
STREET ADDRESS	<del><b>7377 EAST DOUBLE TREE RANCH, SUITE 250</b></del>
CITY, ST, ZIP	<del><b>SCOTTSDALE AZ 85258</b></del>
TITLE	<b>ST</b>
NAME	<del><b>THREATT, ROBERT R</b></del> <i>delete</i>
STREET ADDRESS	<del><b>ONE STATION PLACE</b></del>
CITY, ST, ZIP	<del><b>STAMFORD CT 06902</b></del>
TITLE	<b>ST</b>
NAME	<b>BRUMM, STEVEN J</b>
STREET ADDRESS	<b>7377 EAST DOUBLE TREE RANCH, SUITE 250</b>
CITY, ST, ZIP	<b>SCOTTSDALE AZ 85258</b>
TITLE	<b>D</b>
NAME	<b>CIOCCA, HENRY G</b>
STREET ADDRESS	<b>ONE STATION PLACE</b>
CITY, ST, ZIP	<b>STAMFORD CT 06902</b>
TITLE	<b>D</b>
NAME	<b>JACHINO, ROBERT J</b>
STREET ADDRESS	<b>ONE STATION PLACE</b>
CITY, ST, ZIP	<b>STAMFORD CT 06902</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>President &amp; CEO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>Henry G. Ciocca</b>
13 STREET ADDRESS	<b>One Station Place</b>
14 CITY, ST, ZIP	<b>Stamford, CT 06902</b>
21 TITLE	<b>Exec. V.P.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<b>William B. Greene</b>
23 STREET ADDRESS	<b>One Station Place</b>
24 CITY, ST, ZIP	<b>Stamford, CT 06902</b>
31 TITLE	<b>Asst. Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	<b>Moirra T. McGladrigan</b>
33 STREET ADDRESS	<b>One Station Place</b>
34 CITY, ST, ZIP	<b>Stamford, CT 06902</b>
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(b), 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 appearing in Block 12 or Block 13 if changed, or not so attached with an address.

SIGNATURE: *Moirra T. McGladrigan* **MOIRRA T. MCGLADRIGAN** 3/14/95 425-2583  
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR