

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 # F94000000345 (8)

1. Corporation Name

MARKBOROUGH DEVELOPMENT INC.



Principal Place of Business

GAINEY RANCH FINANCIAL CENTER
7377 E. DOUBLE TREE RANCH ROAD SUITE 250
SCOTTSDALE AZ 85258

Mailing Address

GAINEY 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
04/18/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 10777 Westheimer

Suite, Apt. #, etc.

22 City & State

27 Suite 1225

City & State

23 Zip

Country

28 Houston, Texas

Zip

Country

24

25

29 77042

30

USA

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

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 date of application

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	BRUMM, STEVEN J	
STREET ADDRESS	7377 EAST DOUBLE TREE RANCH, SUITE 250	
CITY-ST-ZIP	SCOTTSDALE AZ 85258	
TITLE	PCEO	<input checked="" type="checkbox"/> DELETE
NAME	CIOCCA, HENRY G	
STREET ADDRESS	ONE STATION PLACE	
CITY-ST-ZIP	STAMFORD CT	
TITLE	EVPV	<input checked="" type="checkbox"/> DELETE
NAME	GREENE, WILLIAM B	
STREET ADDRESS	ONE STATION PLACE	
CITY-ST-ZIP	STAMFORD CT	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	MCGLADRIGAN, MOIRA T	
STREET ADDRESS	ONE STATION PLACE	
CITY-ST-ZIP	STAMFORD CT	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Jachino, Robert J.	
1.3 STREET ADDRESS	One Station Place	
1.4 CITY-ST-ZIP	Stamford, CT 06902	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jordan, David W.	
2.3 STREET ADDRESS	10777 Westheimer, Suite 1225	
2.4 CITY-ST-ZIP	Houston, TX 77042	
3.1 TITLE	VP/AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Springs, Michael E.	
3.3 STREET ADDRESS	10777 Westheimer, Suite 1225	
3.4 CITY-ST-ZIP	Houston, TX 77042	
4.1 TITLE	VP/AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Schroeder, James W.	
4.3 STREET ADDRESS	One Station Place	
4.4 CITY-ST-ZIP	Stamford, CT 06902	
5.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Ilaw, Leslie	
5.3 STREET ADDRESS	One Station Place	
5.4 CITY-ST-ZIP	Stamford, CT 06902	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(k), 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:

Michael E. Springs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/96 (713) 268-6500
Date Daytime Phone #

CR2E034 (12/95)