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Feb 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

Mailing Address
10777 WESTHEIMER
SUITE 1225
HOUSTON TX 77042-3463
US



2. Principal Place of Business
21 1111 Wilcrest Green
Suite, Apt. #, etc.
22 300
City & State
23 Houston, Texas
Zip
24 77042
Country
25 US

2a. Mailing Address
26 1111 Wilcrest Green
Suite, Apt. #, etc.
27 300
City & State
28 Houston, Texas
Zip
29 77042
Country
30 US

3. Date Incorporated or Qualified
01/24/1994

3a. Date of Last Report
02/19/1996

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

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
85 Zip Code
FL

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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACHINO, ROBERT J	1.2 NAME	
STREET ADDRESS	1 STATION PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT 06902	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORDAN, DAVID W	2.2 NAME	
STREET ADDRESS	10777 WESTHEIMER, SUITE 1225	2.3 STREET ADDRESS	1111 Wilcrest Green #300
CITY-ST-ZIP	HOUSTON TX 77042	2.4 CITY-ST-ZIP	
TITLE	VPAS <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPRINGS, MICHAEL E	3.2 NAME	
STREET ADDRESS	10777 WESTHEIMER, SUITE 1225	3.3 STREET ADDRESS	1111 Wilcrest Green #300
CITY-ST-ZIP	HOUSTON TX 77042	3.4 CITY-ST-ZIP	
TITLE	VPAS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHROEDER, JAMES W	4.2 NAME	
STREET ADDRESS	ONE STATION PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT 06902	4.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ILAW, LESLIE	5.2 NAME	
STREET ADDRESS	ONE STATION PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT 06902	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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 Michael E. Springs 1/9/97 (713) 268-6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)