

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H23177

1. Entity Name

ME LICENSING CORPORATION

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

04-12-2000 90034 048 ***150.00

Principal Place of Business

Mailing Address

TWO MILL POND
STE 104
WILMINGTON DE 19806
US

TWO MILL POND
STE 104
WILMINGTON DE 19806
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 Country
19703 USA

Zip Country
19703 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2453729**

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 ☒ 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 STREET**
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:

James R. Schurr
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)