

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91033 029 ***150.00

0671703 MR

DOCUMENT # H23177

1. Entity Name
GLOBAL INFORMATION LICENSING CORPORATION



Principal Place of Business
**650 NAAMANS RD
STE 307
CLAYMONT DE 19703
US**

Mailing Address
**650 NAAMANS RD
STE 307
CLAYMONT DE 19703
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2453729**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	TUTHILL, WALTER C	
STREET ADDRESS	1201 NORTH MARKET STREET	
CITY-ST-ZIP	WILMINGTON DE 19899	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHURR, JAMES R.	
STREET ADDRESS	650 NAAMANS ROAD STE 307	
CITY-ST-ZIP	CLAYMONT DE 19703	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LEWIS, ALAN M.	
STREET ADDRESS	SUITE 2706 TORONTO DOMINION CENTER	
CITY-ST-ZIP	TORONTO, ONT, CANADA	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CROFT, IAN D.	
STREET ADDRESS	65 QUEEN STREET WEST	
CITY-ST-ZIP	TORONTO, ONT, CANADA	
TITLE	D	<input type="checkbox"/> Delete
NAME	VIRENDER, PURI	
STREET ADDRESS	WEINBERGSTRASSE 5	
CITY-ST-ZIP	ZUG SWITZERLAND CH-6300	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James R. Schurr* **JAMES R. SCHURR** 4/3/03 302-792-1444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)