

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90111 010 \*\*\*\*61.25  
04-10-2002 90665 028 \*\*\*\*88.75

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** F99000006633

**1. Entry Name**  
ICP Information Newsletter, Inc.

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**  
ICP Information Newsletter, Inc.

**3. Mailing Address**  
ICP Information Newsletter, Inc.

Suite, Apt. #, etc.  
P.O. Box 666

Suite, Apt. #, etc.  
P.O. Box 666

City & State  
Hadley MA

City & State  
Hadley MA

Zip  
01035-0666

Country

Zip  
01035-0666

Country

**4. FEI Number** 04-336142

Applied For  
 Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name **C T Corporation System**

Street Address (P.O. Box Number is Not Acceptable)  
1200 South Pine Island Road

City Plantation **FL** Zip Code 33324

**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 state if applicable. (NOTE: Registered Agent signature required when retreating)

DATE \_\_\_\_\_

**FEE IS \$61.25**  
**Initial or Amended UBR**

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

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP Barnes, Dorothy S. 121 Mt. Warner Road Hadley, MA 01035-9596	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST Barnes, Ramon M. 121 Mt. Warner Road Hadley, MA 01035-9596	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** Ramon M. Barnes **Ramon M. Barnes February 01, 2002 (413) 256-8942**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)