

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000006633

FILED  
Apr 28, 2004  
Secretary of State

Entity Name: ICP INFORMATION NEWSLETTER, INC.

**Current Principal Place of Business:**

P.O. BOX 666  
HADLEY, MA 010359596

**New Principal Place of Business:**

P.O. BOX 666  
HADLEY, MA 010350666

**Current Mailing Address:**

P.O. BOX 666  
HADLEY, MA 010359596

**New Mailing Address:**

P.O. BOX 666  
HADLEY, MA 010350666

FEI Number: 04-3361420

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CP ( ) Delete  
Name: BARNES, DOROTHY S  
Address: 121 MT. WARNER ROAD  
City-St-Zip: HADLEY, MA 010359596

Title: VST ( ) Delete  
Name: BARNES, RAMON M  
Address: 121 MT. WARNER ROAD  
City-St-Zip: HADLEY, MA 010359596

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CP (X) Change ( ) Addition  
Name: BARNES, DOROTHY S  
Address: 121 MT. WARNER ROAD  
City-St-Zip: HADLEY, MA 010359596 US

Title: VST (X) Change ( ) Addition  
Name: BARNES, RAMON M  
Address: 121 MT. WARNER ROAD  
City-St-Zip: HADLEY, MA 010359596 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAMON M BARNES

VST

04/28/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date