

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90113 027 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P18370**

1. Corporation Name  
**ICI INCORPORATED**

Principal Place of Business  
**CONCORD PLAZA**  
**3411 SILVERSIDE RD. P.O. BOX 15391**  
**WILMINGTON DE 19850**  
**US**

Mailing Address  
**P.O. BOX 15391**  
**WILMINGTON DE 19850**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 Suite, Apt. #, etc. **Concord Plaza**  
**3411 Silverside Rd.**  
 22 City & State  
**Wilmington, DE**  
 23 Zip Country  
**19810**

2a. Mailing Address  
 26 Suite, Apt. #, etc. **Concord Plaza**  
**3411 Silverside Rd.**  
 27 City & State  
**Wilmington, DE**  
 28 Zip Country  
**19810**

3. Date Incorporated or Qualified  
**03/10/1988**

4. FEI Number  
**51-0295553**

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 owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**8751 WEST BROWARD BLVD.**  
**PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                                   |  |
|----------------|-----------------------------------|--|
| TITLE          | PD                                | <input checked="" type="checkbox"/> DELETE |
| NAME           | PETERS, BRUCE G                   |  |
| STREET ADDRESS | CONCORD PLAZA 3411 SILVERSIDE RD. |  |
| CITY-ST-ZIP    | WILMINGTON DE 19850               |  |
| TITLE          | VTD                               | <input type="checkbox"/> DELETE            |
| NAME           | BLACK, THOMAS W.                  |  |
| STREET ADDRESS | CONCORD PLAZA, 3411 SILVERSIDE RD |  |
| CITY-ST-ZIP    | WILMINGTON DE                     |  |
| TITLE          | SD                                | <input type="checkbox"/> DELETE            |
| NAME           | CURRAN, BARBARA S.                |  |
| STREET ADDRESS | CONCORD PLAZA 3411 SILVERSIDE RD. |  |
| CITY-ST-ZIP    | WILMINGTON DE 19850               |  |
| TITLE          | AS                                | <input type="checkbox"/> DELETE            |
| NAME           | HUTCHINSON, WILLIAM J             |  |
| STREET ADDRESS | 3411 SILVERSIDE ROAD              |  |
| CITY-ST-ZIP    | WILMINGTON DE                     |  |
| TITLE          |                                   | <input type="checkbox"/> DELETE            |
| NAME           |                                   |  |
| STREET ADDRESS |                                   |  |
| CITY-ST-ZIP    |                                   |  |
| TITLE          |                                   | <input type="checkbox"/> DELETE            |
| NAME           |                                   |  |
| STREET ADDRESS |                                   |  |
| CITY-ST-ZIP    |                                   |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | Danseizen, John R.   |
| 1.3 STREET ADDRESS | 3411 Silverside Rd.  |
| 1.4 CITY-ST-ZIP    | Wilmington, DE 19810   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |  |
| 2.3 STREET ADDRESS | Wilmington, DE 19810   |
| 2.4 CITY-ST-ZIP    | Wilmington, DE 19810   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |  |
| 3.3 STREET ADDRESS | Wilmington, DE 19810   |
| 3.4 CITY-ST-ZIP    | Wilmington, DE 19810   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |  |
| 4.3 STREET ADDRESS | Wilmington, DE 19810   |
| 4.4 CITY-ST-ZIP    | Wilmington, DE 19810   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |  |
| 5.3 STREET ADDRESS |  |
| 5.4 CITY-ST-ZIP    |  |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |  |
| 6.3 STREET ADDRESS |  |
| 6.4 CITY-ST-ZIP    |  |

14. 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 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, with all other like empowered.

SIGNATURE: Katherine Harris Secretary 4/7/99 302-887-3073  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)