

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90192 017 ***150.00

DOCUMENT # *P 18370*
1. Entity Name
ICI INCORPORATED

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1000 UNIQEMA BLVD
Suite, Apt. #, etc.
City & State
NEW CASTLE, DE
Zip
19720 Country
New Castle

3. Mailing Address
See # 2
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
51-0295553 Applied For
Not Applicable

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

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7. Name and Address of Current Registered Agent
Name
CT CORPORATION SYSTEM
Street Address (P.O. Box Number is Not Acceptable)
8751 W. BROWARD BLVD.
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE <i>P/D</i>	NAME <i>W. J. HUTCHINSON</i>	STREET ADDRESS <i>1000 UNIQEMA BLVD.</i>	CITY-ST-ZIP <i>NEW CASTLE, DE 19720</i>
TITLE <i>VP/T/D</i>	NAME <i>R. T. BROWNLEE</i>	STREET ADDRESS <i>1000 UNIQEMA BLVD.</i>	CITY-ST-ZIP <i>NEW CASTLE, DE 19720</i>
TITLE <i>S/O</i>	NAME <i>B. S. CURRAN</i>	STREET ADDRESS <i>1000 UNIQEMA BLVD.</i>	CITY-ST-ZIP <i>NEW CASTLE DE 19720</i>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *BSC* *4/9/02* *302-574-8579*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
B. S. CURRAN, SECRETARY

CR2E034B (12/01)