


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90002 037 ***150.00

DOCUMENT # P18370					
1. Entity Name ICI INCORPORATED					
Principal Place of Business 1000 UNIQEMA BLVD. NEW CASTLE, DE 19720 US		Mailing Address 1000 UNIQEMA BLVD. NEW CASTLE, DE 19720 US			
2. Principal Place of Business		3. Mailing Address		02032004 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 51-0295553	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$6.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 8751 WEST BROWARD BLVD. PLANTATION, FL 33324			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROWNLEE, R. T.		NAME		
STREET ADDRESS	1000 UNIQEMA BLVD.		STREET ADDRESS		
CITY-ST-ZIP	NEW CASTLE, DE 19720		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CURRAN, B. S.		NAME		
STREET ADDRESS	1000 UNIQEMA BLVD.		STREET ADDRESS		
CITY-ST-ZIP	NEW CASTLE, DE 19720		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HUTCHINSON, WILLIAM J.		NAME	BRADFORD, STEVEN M.	
STREET ADDRESS	1000 UNIQEMA BLVD		STREET ADDRESS	1000 UNIQEMA BLVD.	
CITY-ST-ZIP	NEW CASTLE, DE 19720		CITY-ST-ZIP	NEW CASTLE, DE 19720	
TITLE	AT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	URSO, VINCENT G		NAME		
STREET ADDRESS	1000 UNIQEMA BLVD.		STREET ADDRESS		
CITY-ST-ZIP	NEW CASTLE, DE 19720		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>BS</u>		B.S. CURRAN		2/3/04 302-574-8599	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	