

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

**FILED**

**Jun 18 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P39223  
1. Corporation Name  
Icon Capital Cnp

Principal Place of Business: 600 Mamaroneck Avenue, Harrison, NY 10528-1632  
Mailing Address: 600 Mamaroneck Avenue, Harrison, NY 10528-1632

2. Principal Place of Business (21) Suite, Apt. #, etc (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: 6/12/92  
3a. Date of Last Report: 4/2/96  
4. FEI Number: 22-2598874  
Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
Corpnation Service Company  
1801 Hays Street  
Tallahassee, FL 32301

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	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

**SEE ATTACHED**

**SEE ATTACHED**

*[Signature]* 6/18/97

800002216618  
-06/19/97--01003--016  
\*\*\*165.00

14. I do 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.

SIGNATURE: *William Bortz* Vice President, Tax 5/20/97 (914) 698-0600

CR2E034 (9/96)

**ICON CAPITAL CORP.**  
**List of Officers & Directors**

	<b><u>Business Address</u></b>
<b>Beaufort J.B. Clarke</b> Director, President & CEO/Director	ICON Capital Corp. 600 Mamaroneck Avenue Harrison, NY 10528
<b>Thomas W. Martin</b> Director, Exec. VP, Secretary & Treasurer/Director	ICON Capital Corp. 31 Milk Street, Suite 1111 Boston, MA 02109
<b>Gary N. Silverhardt</b> Vice President, CFO & Asst. Treasurer	ICON Capital Corp. 600 Mamaroneck Avenue Harrison, NY 10528
<b>Robert W. Kohlmeyer</b> Vice President-Operations	ICON Capital Corp. 600 Mamaroneck Avenue Harrison, NY 10528
<b>David W. Parr</b> Vice President, Gen. Counsel & Asst. Secretary/Director	ICON Capital Corp. 31 Milk Street, Suite 1111 Boston, MA 02109
<b>Paul B. Weiss</b> Executive Vice President	ICON Capital Corp. Four Embarcadero Center, Suite 590 San Francisco, CA 94111
<b>William J. Postiglione</b> Vice President - Tax	ICON Capital Corp. 600 Mamaroneck Avenue Harrison, NY 10528
<b>M. Christina Ramirez</b> Vice President - Human Resources	ICON Capital Corp. 600 Mamaroneck Avenue Harrison, NY 10528