

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 22, 1999 8:00 am
Secretary of State

07-22-1999 90019 035 ***558.75

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P392231**
 1. Corporation Name
ICON CAPITAL CORP.

594129 - 90019 - 35



Principal Place of Business
**600 MAMARONECK AVE
 HARRISON NY 10528-1632
 US**

Mailing Address
**600 MAMARONECK AVE
 HARRISON NY 10528-1632
 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/12/1992

2. Principal Place of Business
21

2a. Mailing Address
26 31 Milk Street

Suite, Apt. #, etc.
22 Suite 1111

City & State
23 Boston, MA

Zip
24 02109

Country
25 USA

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

8. This corporation owes the current year Intangible Personal Property. Yes No

9. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, BEAUFORT B	1.2 NAME	
STREET ADDRESS	600 MAMARONECK AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HARRISON NY 10528-1632	1.4 CITY-ST-ZIP	
TITLE	DEVS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, THOMAS W	2.2 NAME	
STREET ADDRESS	31 MILK STREET, SUITE 1111	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02109	2.4 CITY-ST-ZIP	
TITLE	VPCF <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Senior Vice President, General <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SILVERHARDT, GARY N	3.2 NAME	Counsel & Secretary
STREET ADDRESS	600 MAMARONECK AVE	3.3 STREET ADDRESS	John L. Lee
CITY-ST-ZIP	HARRISON NY 10528-1632	3.4 CITY-ST-ZIP	600 Mamaroneck Ave Harrison, NY 10528
TITLE	VPO <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOHLMEYER, ROBERT W	4.2 NAME	
STREET ADDRESS	600 MAMARONECK AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HARRISON NY 10528-1632	4.4 CITY-ST-ZIP	
TITLE	VPGS <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARR, DAVID W	5.2 NAME	
STREET ADDRESS	31 MILK STREET, SUITE 1111	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02109	5.4 CITY-ST-ZIP	
TITLE	EVP <input type="checkbox"/> DELETE	6.1 TITLE	Director, President and EVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISS, PAUL B	6.2 NAME	
STREET ADDRESS	FOUR EMBARCADERO CENTER, SUITE 590	6.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	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.

SIGNATURE: _____ Thomas W. Martin Date: _____ 617/ 210-0208
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/99)

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