

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90059 024 ***150.00

DOCUMENT # P39223

1. Entity Name
ICON CAPITAL CORP.

Principal Place of Business

Mailing Address

600 MAMARONECK AVE
 HARRISON NY 10528-1632
 US

31 MILK STREET
 SUITE 1111
 BOSTON MA 02109-5104
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **22-2598874**

Applied For
 Not Applicable

Zip Country

Zip Country

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPC	<input type="checkbox"/> Delete
NAME	CLARK, BEAUFORT B	
STREET ADDRESS	600 MAMARONECK AVE	
CITY-ST-ZIP	HARRISON NY 10528-1632	
TITLE	DEVS	<input type="checkbox"/> Delete
NAME	MARTIN, THOMAS W	
STREET ADDRESS	31 MILK STREET, SUITE 1111	
CITY-ST-ZIP	BOSTON MA 02109	
TITLE	SVGC	<input checked="" type="checkbox"/> Delete
NAME	LEE, JOHN L	
STREET ADDRESS	600 MAMARONECK AVE	
CITY-ST-ZIP	HARRISON NY 10528	
TITLE	VPO	<input type="checkbox"/> Delete
NAME	KOHLMEYER, ROBERT W	
STREET ADDRESS	600 MAMARONECK AVE	
CITY-ST-ZIP	HARRISON NY 10528-1632	
TITLE	PDEV	<input type="checkbox"/> Delete
NAME	WEISS, PAUL B	
STREET ADDRESS	FOUR EMBARCADERO CENTER, SUITE 590	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas W. Martin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas W. Martin, Director/Exec. Vice Pres.

1/24/2000

Date

(617) 338-4292

Daytime Phone #

CR2E034 (9/99)