

05-19-2001 90285 012 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

552889

DO NOT WRITE IN THIS SPACE

DOCUMENT # P39223			
1. Entity Name ICON CAPITAL CORP.			
Principal Place of Business 600 MAMRONECK AVE HARRISON NY 10528 US		Mailing Address 31 MILK ST STE 1111 BOSTON MA 02109	
2. Principal Place of Business 111 CHURCH STREET		3. Mailing Address 111 CHURCH STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State WHITE PLAINS, NY		City & State WHITE PLAINS, NY	
Zip 10601		Country US	
Country US		4. FEI Number 22-2598874	
Country US		Applied For Not Applicable	
Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent	
		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 _____ (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) <input type="checkbox"/>		<div style="border: 1px solid black; padding: 2px; font-weight: bold; font-size: 10pt;"> FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State </div>	
		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPC CLARK, BEAUFORT 600 MAMARONECK AVE HARRISON NY 10528 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/C CLARK, BEAUFORT 111 CHURCH STREET WHITE PLAINS, NY 10601 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVS MARTIN, THOMAS W 31 MILK STREET, SUITE 1111 BOSTON MA 02109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/EVP/T MARTIN, THOMAS W 111 CHURCH STREET WHITE PLAINS, NY 10601 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVGC LEE, JOHN L 600 MAMARONECK AVE HARRISON, NY 10528 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P WEISS, PAUL B 111 CHURCH STREET WHITE PLAINS, NY 10601 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO KOHLMEYER, ROBERT W 600 MAMARONECK AVE HARRISON, NY 10528-1632 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP HIRSCH, ALLEN V 111 CHURCH STREET WHITE PLAINS, NY 10601 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDEV WEISS, PAUL B FOUR EMBARCADERO CENTER, SUITE 590 SAN FRANCISCO CA 94111 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____		Michael Reimer, Asst Secretary, 5/30/01 212-469-4778	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (11/00)