

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

50 MAR 28 PM 1:47

DOCUMENT # **P94000024339 (1)**

1. Corporation Name

ICP2, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

P.O. BOX 560279
ORLANDO FL 32856-0279

P.O. BOX 560279
ORLANDO FL 32856-0279

3. Date Incorporated or Qualified

03/30/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

25 Suite, Apt #, etc

4. FEI Number

13-3799330

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 City & State

26 City & State

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

24 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALKER, H W JR
4900 FIRST UNION FINANCIAL CENTER
200 S BISCAYNE BOULEVARD
MIAMI FL 33131

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

Signature of president or principal officer of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

D/P
Cohen, Mark B.
10 East 50th Street
New York, NY 10022 Change Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

V
Matton, Peter V.
10 East 50th Street
New York, NY 10022 Change Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

V
Roche, William A.
10 East 50th Street
New York, NY 10022 Change Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

V
Shapiro, Andrew N.
10 East 50th Street
New Yrk, NY 10022 Change Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

V
Friedrich, Henry P.
10 East 50th Street
New York, NY 10022 Change Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

V
Buergler, Marcus U.
10 East 50th Street
New York, NY 10022 Change Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 907, Florida Statutes, and that my name appears in Block 12 or Block 13 of changed, or on an attachment with an address

SIGNATURE:

[Signature]
SIGNATURE AND PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

HENRY FRIEDRICH VP
Mark B. Cohen, President

202-574-3781

PA4000024339

BOX 13 Continued

Title:

T/S

Addition

Name:

Freilich, Paul A.

Street Address:

10 East 50th Street

City, St, Zip:

New York, NY 10022