

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000024339

1. Entity Name  
ICP2, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

00 SEP 29 AM 9:06

Principal Place of Business: P.O. BOX 560279, ORLANDO FL 32856-0279  
Mailing Address: P.O. BOX 560279, ORLANDO FL 32856-0279



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>13-3799330</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
GRAGG, K. LAWRENCE 4900 FIRST UNION FINANCIAL CENTER 200 S BISCAYNE BOULEVARD MIAMI FL 33131				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.  **FILE NOW!!! FEE IS \$550.00**  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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	DP	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COHEN, MARK B		NAME	Robert B. Mills	
STREET ADDRESS	677 WASHINGTON BLVD		STREET ADDRESS	677 Washington Blvd.	
CITY-ST-ZIP	STAMFORD CT 06912		CITY-ST-ZIP	Stamford, CT 06901	
TITLE	V	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MATTON, PETER V		NAME	Robert C. Dinerstein	
STREET ADDRESS	677 WASHINGTON BLVD		STREET ADDRESS	677 Washington Blvd.	
CITY-ST-ZIP	STAMFORD CT 06912		CITY-ST-ZIP	Stamford, CT 06901	
TITLE	V	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROCHE, WILLIAM A		NAME	Per Dyrville	
STREET ADDRESS	677 WASHINGTON BLVD		STREET ADDRESS	677 Washington Blvd.	
CITY-ST-ZIP	STAMFORD CT 06912		CITY-ST-ZIP	Stamford, CT 06901	
TITLE	TS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FREILICH, PAUL A		NAME		
STREET ADDRESS	677 WASHINGTON BLVD		STREET ADDRESS		
CITY-ST-ZIP	STAMFORD CT 06912		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRIEDRICH, HENRY		NAME		
STREET ADDRESS	677 WASHINGTON BLVD		STREET ADDRESS		
CITY-ST-ZIP	STAMFORD CT 06912		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUERGLER, MARCUS U		NAME		
STREET ADDRESS	677 WASHINGTON BLVD		STREET ADDRESS		
CITY-ST-ZIP	STAMFORD CT 06912		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)(i), 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: [Signature] ASSISTANT SECRETARY 9/14/2000 203-719-8944  
DATE: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_

CR2E034 (5/00)