

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000024339

1. Entity Name
ICP2, INC.

Principal Place of Business
P.O. BOX 560279
ORLANDO FL 32856-0279

Mailing Address
P.O. BOX 560279
ORLANDO FL 32856-0279

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 13-3799330

Applied For
Not Applicable

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

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

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 \$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
NAME COHEN, MARK B
STREET ADDRESS 677 WASHINGTON BLVD
CITY-ST-ZIP STAMFORD CT 06912 ☒ Delete

TITLE Director
NAME Robert B. Mills
STREET ADDRESS 677 Washington Blvd.
CITY-ST-ZIP Stamford, CT 06901 ☐ Change ☒ Addition

TITLE V
NAME MATTON, PETER V
STREET ADDRESS 677 WASHINGTON BLVD
CITY-ST-ZIP STAMFORD CT 06912 ☐ Delete

TITLE Director
NAME Robert C. Dinerstein
STREET ADDRESS 677 Washington Blvd.
CITY-ST-ZIP Stamford, CT 06901 ☐ Change ☒ Addition

TITLE V
NAME ROCHE, WILLIAM A
STREET ADDRESS 677 WASHINGTON BLVD
CITY-ST-ZIP STAMFORD CT 06912 ☐ Delete

TITLE Director
NAME Per Dyrvik
STREET ADDRESS 677 Washington Blvd.
CITY-ST-ZIP Stamford, CT 06901 ☐ Change ☒ Addition

TITLE TS
NAME FREILICH, PAUL A
STREET ADDRESS 677 WASHINGTON BLVD
CITY-ST-ZIP STAMFORD CT 06912 ☐ Delete

TITLE
NAME 200003417432-4
STREET ADDRESS -10/06/00--01113--006
CITY-ST-ZIP ****750.00 ****750.00 ☐ Change ☒ Addition

TITLE V
NAME FRIEDRICH, HENRY
STREET ADDRESS 677 WASHINGTON BLVD
CITY-ST-ZIP STAMFORD CT 06912 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE V
NAME BUERGLER, MARCUS U
STREET ADDRESS 677 WASHINGTON BLVD
CITY-ST-ZIP STAMFORD CT 06912 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

00 SEP 29 AM 9:06



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)