


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1003

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 794000024339

1. Corporation Name
ICP2, Inc.

2. Principal Office Address
**c/o OBS AG
677 Washington Blvd.**

3. Mailing Office Address
**c/o OBS AG
677 Washington Blvd.**

City & State
Stamford, CT

City & State
Stamford, CT

Zip Country
06901 USA

Zip Country
06901 USA

FILED
01 NOV 29 PM 2:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT 2001

4. Date Incorporated or Qualified To Do Business in Florida **March 30, 1994**

5. FEI Number **13-3799330**

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET

Suite, Apt. #, etc.

City
TALLAHASSEE

State
FL

Zip Code
32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *Deborah N. Skipper* Date 11-29-01

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	See Attached List		
			000004698750-3

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Jane E. Nutson* **Jane E. Nutson, Asst. Secretary** 11/28/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E001 (9/00)



2el3

ACCOUNT NO. : 072100000032
REFERENCE : 171416 5168212
AUTHORIZATION : Patricia Pizeto
COST LIMIT : \$ 750.00

ORDER DATE : November 21, 2001
ORDER TIME : 11:46 AM
ORDER NO. : 171416-010
CUSTOMER NO: 5168212
CUSTOMER: Ms. Jane Nutson
Ubs Ag
677 Washington Boulevard
Stamford, CT 06901

RECEIVED
01 NOV 29 PM 1:04
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: ICP2, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS

[Handwritten signature]

2 of 3

ICP2, INC.

Board of Directors

Robert C. Dinerstein	299 Park Avenue New York, NY 10171
Per Dyrvik	680 Washington Blvd. Stamford, CT 06901
Robert B. Mills	680 Washington Blvd. Stamford, CT 06901

Officers



William A. Roche President	677 Washington Blvd. Stamford, CT 06901
Marcus U. Buergler Vice President	677 Washington Blvd. Stamford, CT 06901
Janet Zimmer Secretary	677 Washington Blvd. Stamford, CT 06901
Jane E. Nutson Assistant Secretary	677 Washington Blvd. Stamford, CT 06901

