

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

APPROVED
AND
FILED

02 JUN 18 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000024339
1. Entity Name
ICP2, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business c/o UBS AG 677 Washington Blvd.	3. Mailing Address c/o UBS AG 677 Washington Blvd.
Suite, Apt. #, etc. Legal Dept.	Suite, Apt. #, etc. Legal Dept.
City & State Stamford, CT	City & State Stamford, CT
Zip 06901	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-3799330

Applied For	
Not Applicable	

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Corporation Service Company

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

City
Tallahassee FL Zip Code
32301-2525

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)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$81.25
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			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEE ATACHED LIST	TITLE NAME STREET ADDRESS CITY - ST - ZIP	000005818920
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jane E. Nutson **Jane E. Nutson, Assistant Secretary 6/17/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **6/17/01** Daytime Phone #

CR2E034B (2/01)

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
Robert B. Mills Treasurer	680 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



ACCOUNT NO. : 072100000032

REFERENCE : 625450 5168212

AUTHORIZATION :

Patricia Pizutto

COST LIMIT : \$ 550.00

ORDER DATE : June 17, 2002

ORDER TIME : 11:24 AM

ORDER NO. : 625450-010

CUSTOMER NO: 5168212

CUSTOMER: Ms. Jane Nutson
Ubs Ag
677 Washington Boulevard

Stamford, CT 06901

ANNUAL REPORT FILING

NAME: ICP 2, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull-EXT#1115

EXAMINER'S INITIALS: _____

RECEIVED
02 JUN 18 PM 12:59
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA