


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000024339	
1. Entity Name ICP2, INC.	

Principal Place of Business C/O UBS AG/LEGAL DEPT. 677 WASHINGTON BLVD. STAMFORD, CT 06901	Mailing Address C/O UBS AG/LEGAL DEPT. 677 WASHINGTON BLVD. STAMFORD, CT 06901
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01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3799330	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DINERSTEIN, ROBERT C
STREET ADDRESS	299 PARK AVENUE
CITY-ST-ZIP	NEW YORK, NY 10171
TITLE	D
NAME	DYRVIK, PER
STREET ADDRESS	680 WASHINGTON BLVD.
CITY-ST-ZIP	STAMFORD, CT 06901
TITLE	DT
NAME	MILLS, ROBERT B
STREET ADDRESS	680 WASHINGTON BLVD
CITY-ST-ZIP	STAMFORD, CT 06901
TITLE	P
NAME	ROCHE, WILLIAM A
STREET ADDRESS	677 WASHINGTON BLVD
CITY-ST-ZIP	STAMFORD, CT 06901
TITLE	S
NAME	ZIMMER, JANET
STREET ADDRESS	677 WASHINGTON BLVD
CITY-ST-ZIP	STAMFORD, CT 06901
TITLE	AS
NAME	NUTSON, JANE E
STREET ADDRESS	677 WASHINGTON BLVD
CITY-ST-ZIP	STAMFORD, CT 06901

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01/14/04-80017-005 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Jane E. Nutson, Assistant Secretary 1/13/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #