


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90321 024 ***150.00

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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14000573



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04122005 Chg-P CR2E034 (10/03)

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DINERSTEIN, ROBERT C		NAME		
STREET ADDRESS	299 PARK AVENUE		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10171		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DYRVIK, PER		NAME		
STREET ADDRESS	680 WASHINGTON BLVD.		STREET ADDRESS		
CITY-ST-ZIP	STAMFORD, CT 06901		CITY-ST-ZIP		
TITLE	DT <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLS, ROBERT B		NAME		
STREET ADDRESS	680 WASHINGTON BLVD		STREET ADDRESS		
CITY-ST-ZIP	STAMFORD, CT 06901		CITY-ST-ZIP		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROCHE, WILLIAM A		NAME		
STREET ADDRESS	677 WASHINGTON BLVD		STREET ADDRESS		
CITY-ST-ZIP	STAMFORD, CT 06901		CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZIMMER, JANET		NAME		
STREET ADDRESS	677 WASHINGTON BLVD		STREET ADDRESS		
CITY-ST-ZIP	STAMFORD, CT 06901		CITY-ST-ZIP		
TITLE	AS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NUTSON, JANE E		NAME		
STREET ADDRESS	677 WASHINGTON BLVD		STREET ADDRESS		
CITY-ST-ZIP	STAMFORD, CT 06901		CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Jane E. Nutson, Asst. Secy. 4/22/05

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