

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0615122 AT

DOCUMENT # P94000024339



1. Entity Name
ICP2, INC.

FILED

03 JAN 17 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS DINERSTEIN, ROBERT C
CITY-ST-ZIP 299 PARK AVENUE
NEW YORK NY 10171

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

000011881430
02/05/03--01052--007 **150.00

TITLE ☐ Delete
NAME D
STREET ADDRESS DYRVIK, PER
CITY-ST-ZIP 680 WASHINGTON BLVD.
STAMFORD CT 06901

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

TITLE ☐ Delete
NAME DT
STREET ADDRESS MILLS, ROBERT B
CITY-ST-ZIP 680 WASHINGTON BLVD
STAMFORD CT 06901

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

TITLE ☐ Delete
NAME P
STREET ADDRESS ROCHE, WILLIAM A
CITY-ST-ZIP 677 WASHINGTON BLVD
STAMFORD CT 06901

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

TITLE ☐ Delete
NAME S
STREET ADDRESS ZIMMER, JANET
CITY-ST-ZIP 677 WASHINGTON BLVD
STAMFORD CT 06901

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

TITLE ☐ Delete
NAME AS
STREET ADDRESS NUTSON, JANE E
CITY-ST-ZIP 677 WASHINGTON BLVD
STAMFORD CT 06901

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: E. Nutson, Assistant Secretary 1/14/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)