


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1023

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P94000024341</u>			
1. Corporation Name ICP1, Inc.			
2. Principal Office Address c/o OBS AG 677 Washington Blvd. Suite, Apt. #, etc.		3. Mailing Office Address c/o OBS AG 677 Washington Blvd. Suite, Apt. #, etc.	
City & State Stamford, CT		City & State Stamford, CT	
Zip 06901	Country USA	Zip 06901	Country USA

FILED

01 NOV 29 PM 2:05

SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT 2001

4. Date Incorporated or Qualified To Do Business in Florida March 30, 1994	
5. FEI Number 13-3799327	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 <u>Deborah D. Skipper</u>		Date <u>11-29-01</u>	
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		
			100004698751
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: <u>Jane E. Nutson</u>		Date <u>11/28/01</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

ICP1, INC.

2013

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. Buegler
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



3013

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

ORDER DATE : November 21, 2001
ORDER TIME : 11:45 AM
ORDER NO. : 171416-005
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: ICP1, 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]