


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1023

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P9400024341

1. Corporation Name
 ICPI, 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

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 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	Not Applicable
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6. CERTIFICATE OF STATUS DESIRED \$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 Deborah D Skipper Date 11-29-01

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)(f), 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: Jane E. Nutson **Jane E. Nutson, Asst. Secretary** 11/28/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 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 Piquito*
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 *[Signature]*