PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

lass 1

CORPORATION	
REINSTATEMENT	

DOCUMENT #

2. Principal Affice Address

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

677 Washington Blvd.

100000112161

1. Corporation Name

677 Washington Blvd.
Suite, Apt. #, etc.

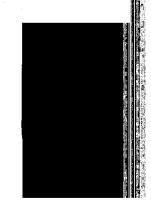
ICP1, Inc.

FILED

01 NOV 29 PM 2: 05

SECRETARY OF STATE TALLAHASSEE FLORIDA

11/28/01



	REINSTATEMENT 2001
3. Mailing Office Address C/O UBS AG	

4. Date incorporated or Qualified

			0'' 0 0'-1-		TO DO BUSINESS III FIORIDA		, 1994
City & State Stamford, CT			City & State		5. FEI Number		Applied For
		d, CT Stamford, CT		13-3799327		Not Applicable	
Zip		Country	Zip	Country	6.	58.75 Add	fitional Fee required
069	01	USA	06901	USA	CERTIFICATE OF STATUS DE		rtificate of Status
			7. Name	and Address of Current I	Registered Agent	•	
	Name						
			ION SERVICE	COMPANY			
	Street Ad	dress (P.O. Box Number is					
	Suite, Apt	1201 HAY	STREET _				
		,					•
	City .	·		<u>-</u>	State 2	Zip Code	
		CALLAHASSEE				32301	
8. I, being	appointed th	e registered agent of the a	bove named corporation	n, am familiar with and acco	ept the obligations of section 607.0505 o	r 617.0503, F.S.	
			/I / .				1
	of /	Delland	المركبة المالية المالية	A		11- 29-11	
Signature		Deborah A	D SKIPPERED AGENT	MUST SIGN	Date	/ <i> - 29-01</i>	
Signature Registered	Agent	Octorah A	REGISTERED AGENT	MUST SIGN		/1-29-01	
Signature Registered	Agent	Addresses of Each Officer	REGISTERED AGENT		it list at least 3 directors)		
Signature Registered	Agent	Addresses of Each Officer a		MUST SIGN nonprofit corporations must Street Addres Officer and/or	at list at least 3 directors)	//- 29-0/ City/State/Zic	
Signature Registered	s and Street A	Name of Officers and/or Directo		Street Addres	at list at least 3 directors)		
Signature Registered	s and Street A	Name of		Street Addres	at list at least 3 directors)		
Signature Registered	s and Street A	Name of Officers and/or Directo		Street Addres	t list at least 3 directors) is of Each r Director	City / State / Zip)
Signature Registered	s and Street A	Name of Officers and/or Directo		Street Addres	t list at least 3 directors) is of Each r Director)
Signature Registered	s and Street A	Name of Officers and/or Directo		Street Addres	t list at least 3 directors) is of Each r Director	City / State / Zip)
Signature Registered	s and Street A	Name of Officers and/or Directo		Street Addres	t list at least 3 directors) is of Each r Director	City / State / Zip)
Signature Registered	s and Street A	Name of Officers and/or Directo		Street Addres	t list at least 3 directors) is of Each r Director	City / State / Zip)
Signature Registered	s and Street A	Name of Officers and/or Directo		Street Addres	t list at least 3 directors) is of Each r Director	City / State / Zip)
Signature Registered	s and Street A	Name of Officers and/or Directo		Street Addres	t list at least 3 directors) is of Each r Director	City / State / Zip)
Signature Registered	s and Street A	Name of Officers and/or Directo		Street Addres	t list at least 3 directors) is of Each r Director	City / State / Zip)

Jane E. Nutson, Asst. Secretary

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. Buergler

677 Washington Blvd. Stamford, CT 06901

Vice President

677 Washington Blvd. Stamford, CT 06901

Janet Zimmer Secretary

> 677 Washington Blvd. Stamford, CT 06901

Jane E. Nutson Assistant Secretary



ACCOUNT NO. : 072100000032

REFERENCE

: 171416 51682 Patricia / 1945

AUTHORIZATION

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

DOMESTIC FILINGS

NAME: ICP1, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS