

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

APPROVED  
AND  
FILED

02 JUN 16 PM 1:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000024341

1. Entity Name

ICPI, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**679 UBS, AG  
677 Washington Blvd.**

3. Mailing Address **c/o UBS AG  
677 Washington Blvd.**

Suite, Apt. #, etc.  
**Legal Dept.**

Suite, Apt. #, etc.  
**Legal Dept.**

City & State  
**Stamford, CT**

City & State  
**Stamford, CT**

Zip  
**06901**

Country  
**USA**

Zip  
**06901**

Country  
**USA**

4. FEI Number

**13-3799327**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**Corporation Service Company**

Street Address (P.O. Box Number is Not Acceptable)

**1201 Days Street**

City

**Tallahassee**

**FL**

Zip Code

**32301-2525**

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**SEE ATTACHED LIST**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

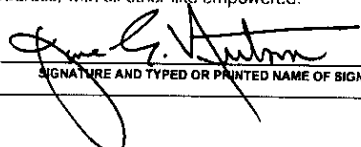
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**600005818886**

**DO NOT WRITE  
IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:



**Jane E. Nutson, Assistant Secretary 6/17/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

**ICP1, INC.**

**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
Robert B. Mills Treasurer	680 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



ACCOUNT NO. : 072100000032

REFERENCE : 625450 5168212

AUTHORIZATION : *Patricia Pigute*

COST LIMIT : \$ 550.00

ORDER DATE : June 17, 2002

ORDER TIME : 11:23 AM

ORDER NO. : 625450-005

CUSTOMER NO: 5168212

CUSTOMER: Ms. Jane Nutson  
Ubs Ag  
677 Washington Boulevard  
Stamford, CT 06901

ANNUAL REPORT FILING

NAME: ICP 1, INC.

RECEIVED  
02 JUN 18 PM 12:59  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull-EXT# 1115

EXAMINER'S INITIALS: \_\_\_\_\_