

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000004964 (2)
1. Corporation Name

ICI MUTUAL INSURANCE BROKERS, INC.



Principal Place of Business	Mailing Address
1401 7th ST NW WASHINGTON DC 20005-2140	1401 7th ST NW WASHINGTON DC 20005-2140

3. Date Incorporated or Qualified 09/26/1994	3a. Date of Last Report 02/01/1995
4. FEI Number 52-1704910	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt #, etc	26. Suite, Apt #, etc
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
			FL	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	CP	DELETE <input type="checkbox"/>
NAME	SILVER, DAVID	
STREET ADDRESS	9410 BROOKE DRIVE	
CITY - ST - ZIP	BETHESDA MA	
TITLE	VSD	DELETE <input type="checkbox"/>
NAME	O'CONNOR, DONALD	
STREET ADDRESS	1700 TAYLOR AVE	
CITY - ST - ZIP	FT. WASHINGTON MD	
TITLE	TD	DELETE <input type="checkbox"/>
NAME	HARVEY, MARVIN J	
STREET ADDRESS	15009 LAURELAND PLACE	
CITY - ST - ZIP	LAUREL MD	
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	Change <input type="checkbox"/>	Addition <input checked="" type="checkbox"/>
1.2 NAME	Kathleen Corbett Joaquin		
1.3 STREET ADDRESS	4804 Norbeck Rd.		
1.4 CITY - ST - ZIP	Rockville, MD 20853		
2.1 TITLE		Change <input type="checkbox"/>	Addition <input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		Change <input type="checkbox"/>	Addition <input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		Change <input type="checkbox"/>	Addition <input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		Change <input type="checkbox"/>	Addition <input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		Change <input type="checkbox"/>	Addition <input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *M. Joseph Harvey* M. Joseph Harvey June 27, 1996 (202) 326-5464

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)