2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 26, 2000 8:00 am Secretary of State DOCUMENT # **F94000004964** 1. Entity Name ICI MUTUAL INSURANCE BROKERS, INC. 01-26-2000 90189 035 ***150.00 Mailing Address Principal Place of Business 1401 "H" ST NW 1401 "H" ST NW WASHINGTON DC 20005-2110 WASHINGTON DC 20005-2140 P1813814 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 52-1704910 Not ----Country Zìp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) **1201 HAYS ST** SUITE 105 TALLAHASSEE FL 32301 Zip Code 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change Addition TITLE ☐ Delete TITLE STEINER, DANIEL T. NAME NAME 1401 H. STREET NW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **WASHINGTON DC 20005** CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE SILVER, DAVID NAME 1401 H. STREET NW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WASHINGTON DC 20005 Change Addition TITLE ☐ Delete SHIRLEY CHIRLEY, NATALIE NAME NAME 1401 H STREET NW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP WASHINGTON DC 20005 ☐ Addition ☐ Delete TITLE ☐ Change TITLE BEHR, CHARLIE NAME NAME 1401 H STREET NW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **WASHINGTON DC 20005** ☐ Addition ☐ Change ☐ Delete TITLE TITLE DOLAN, ELIZABETH M. NAME NAME 1401 H. STREET NW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WASHINGTON DC 20005 ☐ Change ☐ Addition ☐ Delete TITLE TITLE PEMBERTON, RITA NAME STREET ADDRESS STREET ADDRESS 1401 H STREET NW CITY-ST-ZIP CITY-ST-ZIP WASHINGTON DC 20005

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/2000