

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**  
 05-16-2001 90391 033 \*\*\*150.00

DOCUMENT # **F94000004964**  
 1. Entity Name  
**ICI MUTUAL INSURANCE BROKERS, INC.**

Principal Place of Business Mailing Address

2. Principal Place of Business **1401 H STREET NW** 3. Mailing Address **1401 H STREET NW**  
 Suite, Apt. #, etc. **STE. 1000** Suite, Apt. #, etc. **STE. 1000**  
 City & State **WASHINGTON DC** City & State **WASHINGTON DC**  
 Zip **20005** Country **USA** Zip **20005** Country **USA**

4. FEI Number **52-1704910** Applied For  Not Applicable   
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**A0068318**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**1201 HAYS ST.**  
**STE. 105**  
**TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent  
 Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** 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 \_\_\_\_\_ (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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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	<b>PRESIDENT</b> <input type="checkbox"/> Delete
NAME	<b>NATALIE SHIRLEY</b>
STREET ADDRESS	<b>1401 H ST. NW, STE. 1000</b>
CITY-ST-ZIP	<b>WASHINGTON DC 20005</b>
TITLE	<b>VICE PRESIDENT</b> <input type="checkbox"/> Delete
NAME	<b>ELIZABETH H. DOLAN</b>
STREET ADDRESS	<b>1401 H ST. NW, STE. 1000</b>
CITY-ST-ZIP	<b>WASHINGTON DC 20005</b>
TITLE	<b>TREASURER</b> <input type="checkbox"/> Delete
NAME	<b>CHARLIE BEHR</b>
STREET ADDRESS	<b>1401 H ST. NW, STE. 1000</b>
CITY-ST-ZIP	<b>WASHINGTON DC 20005</b>
TITLE	<b>SECRETARY</b> <input type="checkbox"/> Delete
NAME	<b>DANIEL STEINER</b>
STREET ADDRESS	<b>1401 H ST. NW, STE. 1000</b>
CITY-ST-ZIP	<b>WASHINGTON DC 20005</b>
TITLE	<b>ASSIT. SECRETARY</b> <input type="checkbox"/> Delete
NAME	<b>RITA PEMBERTON</b>
STREET ADDRESS	<b>1401 H ST. NW, STE. 1000</b>
CITY-ST-ZIP	<b>WASHINGTON DC 20005</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: **Elizabeth M. Dolan** 4/30/01 1-800-334-2462  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)