

FILED
Jul 07, 2003 8:00 am
Secretary of State

07-07-2003 90145 040 ***550.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F94000004964			
1. Entity Name ICI MUTUAL INSURANCE BROKERS, INC.			
Principal Place of Business 1401 "H" ST NW 1000 WASHINGTON, DC 20005-2140		Mailing Address 1401 "H" ST NW 1000 WASHINGTON, DC 20005-2140	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 52-1704910		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST SUITE 105 TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent's signature required when resigning) DATE _____			
FILE NOW!!! FEB IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	S/D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEINER, DANIEL T.	NAME	
STREET ADDRESS	1401 H ST, NW STE 1000	STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON, DC 20005	CITY-ST-ZIP	
TITLE	P/D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIRLEY, NATALIE	NAME	
STREET ADDRESS	1401 H ST, NW STE 1000	STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON, DC 20005	CITY-ST-ZIP	
TITLE	TD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEHR, CHARLIE	NAME	
STREET ADDRESS	1401 H ST NW STE 1000	STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON, DC 20005	CITY-ST-ZIP	
TITLE	V	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOLAN, ELIZABETH M.	NAME	
STREET ADDRESS	1401 H ST, NW STE 1000	STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON, DC 20005	CITY-ST-ZIP	
TITLE	S	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEMBERTON, RITA	NAME	
STREET ADDRESS	1401 H ST, NW STE 1000	STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON, DC 20005	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Elizabeth M. Dolan</i>		Date: 7/3/03 203/326-5465	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

CR2E034 (10/02)