


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

<b>CORPORATION REINSTATEMENT</b>		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>794000024339</u>			
1. Corporation Name <b>ICP2, Inc.</b>			
2. Principal Office Address <b>c/o OBS AG</b> <b>677 Washington Blvd.</b>		3. Mailing Office Address <b>c/o OBS AG</b> <b>677 Washington Blvd.</b>	
City & State <b>Stamford, CT</b>		City & State <b>Stamford, CT</b>	
Zip <b>06901</b>	Country <b>USA</b>	Zip <b>06901</b>	Country <b>USA</b>

**REINSTATEMENT 2001**

4. Date Incorporated or Qualified To Do Business in Florida <b>March 30, 1994</b>
5. FEI Number <b>13-3799330</b>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent	
Name <b>CORPORATION SERVICE COMPANY</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>1201 HAYS STREET</b>	
City <b>TALLAHASSEE</b>	
State <b>FL</b>	Zip Code <b>32301</b>

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *Deborah N. Skipper* Date **11-29-01**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	See Attached List		
			000004698750-3

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Jane E. Nutson* **Jane E. Nutson, Asst. Secretary** 11/28/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



2el3

ACCOUNT NO. : 072100000032  
REFERENCE : 171416 5168212  
AUTHORIZATION : Patricia Pizeto  
COST LIMIT : \$ 750.00

ORDER DATE : November 21, 2001  
ORDER TIME : 11:46 AM  
ORDER NO. : 171416-010  
CUSTOMER NO: 5168212  
CUSTOMER: Ms. Jane Nutson  
Ubs Ag  
677 Washington Boulevard  
Stamford, CT 06901

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01 NOV 29 PM 1:04  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: ICP2, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS

*[Handwritten signature]*

2 of 3

**ICP2, 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
Marcus U. Buergler Vice President	677 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

