


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
Jan 14, 2004 08:00 AM  
Secretary of State

DOCUMENT # P94000024341

1. Entity Name  
ICP1, INC.



Principal Place of Business C/O UBS AG/LEGAL DEPT. 677 WASHINGTON BLVD. STAMFORD, CT 06901	Mailing Address C/O UBS AG/LEGAL DEPT. 677 WASHINGTON BLVD. STAMFORD, CT 06901
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**DO NOT WRITE IN THIS SPACE**



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 13-3799327	Applied For Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DINERSTEIN, ROBERT C 299 PARK AVE. NEW YORK, NY 10171
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DYRVIK, PER 680 WASHINGTON BLVD. STAMFORD, CT 06901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MILLS, ROBERT B 680 WASHINGTON BLVD. STAMFORD, CT 06901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROCHE, WILLIAM A 677 WASHINGTON BLVD. STAMFORD, CT 06901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZIMMER, JANET 677 WASHINGTON BLVD. STAMFORD, CT 06901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS NUTSON, JANE E 677 WASHINGTON BLVD. STAMFORD, CT 06901

U00000004150  
01/14/04-80017-006 150.00

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Jane E. Nutson, Assistant Secretary 1/13/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #