


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90040 047 \*\*\*150.00

<b>DOCUMENT # F02000003810</b>	
1. Entity Name <b>ICBA FINANCIAL SERVICES CORPORATION</b>	

Principal Place of Business <b>775 RIDGE LAKE BLVD., SUITE 185 MEMPHIS, TN 38120</b>	Mailing Address <b>775 RIDGE LAKE BLVD., SUITE 185 MEMPHIS, TN 38120</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01192006 Chg-P CR2E034 (11/05)

4. FEI Number <b>41-1755058</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION, FL 33324**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>REID, WILLIAM R</b> <b>775 RIDGE LAKE BLVD., SUITE 185</b> <b>MEMPHIS, TN 38120</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>DEVRIES, HAROLD L</b> <b>518 LINCOLN RD</b> <b>SAUK CENTRE, MN 56378</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>TEAGNO, GARY</b> <b>2107 WILSON BLVD, STE 400</b> <b>ARLINGTON, VA 22201</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GULLEDGE, ROBERT</b> <b>PO BOX 569, HWY 104 &amp; PALMER ST</b> <b>ROBERTSDALE, AL 36567</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HENRY, CLAY T</b> <b>483 MAIN STR</b> <b>HARLEYSVILLE, PA 194350195</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KOVACH, DONALD L</b> <b>399 RTE 23</b> <b>FRANKLIN, NJ 074162125</b> <input type="checkbox"/> Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Harold Devries* **HAROLD DEVRIES** *2/2/06* **(320)352-6546**

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

ATTACHMENT

66010478  
#0000003810

ICBA FINANCIAL SERVICES					
DIRECTORS & OFFICERS					
NAME	BANK NAME	STREET ADDRESS	ADDRESS	CITY, STATE, ZIP CODE	
<b>DONALD L. KOVACH</b> DIRECTOR	Sussex Bank HOME ADDRESS:	399 Rte 23 19 Lakeview Point	PO Box 353	Franklin, NJ 07416-2125 Branchville, NJ 07826	
<b>JEFF A. NUNN</b> DIRECTOR	Citizens Bank HOME ADDRESS:	211 E Main St 8180 State Highway 209	PO Box 1228	Tucumcari, NM 88401-2222 Tucumcari, NM 88401	
<b>PIERCE STONE</b> BOARD CHAIRMAN	Virginia Community Bank HOME ADDRESS:	114 Industrial Dr 306 Club Road	PO Box 888	Louisa VA 23093-0888 Louisa, VA 23093	
<b>HAROLD L. DEVRIES</b> TREASURER/CFO	ICBA HOME ADDRESS:	518 Lincoln Road 625 E. Lake Geneva Rd. NE	PO Box 267	Sauk Centre, MN 56378 Alexandria, MN 56308	
<b>WILLIAM W. REID</b> DIRECTOR/PRES & CEO	ICBA Financial Services Corp HOME ADDRESS:	775 Ridge Lake Blvd Ste #185 3440 Alfred Drive		Memphis, TN 38120 Memphis, TN 38133	
<b>GARY TEAGNO</b> SECRETARY/VICE CHAIRMAN	ICBA Services Network Inc. HOME ADDRESS:	2107 Wilson Blvd Ste #400 307 S Adam St		Arlington, VA 22201 Arlington, VA 22204	
<b>CAMDEN R. FINE</b> DIRECTOR	ICBA HOME ADDRESS:	One Thomas Circle, NW Ste 400	PO Box 9376	Washington, DC 20005-5802	
<b>ARTHUR MARKOS</b> DIRECTOR	Gardiner Savings Institution, FSB HOME ADDRESS:	190 Water Street	PO Box 190	Gardiner, ME 04345-2109	