

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000004783

FILED
Apr 07, 2011
Secretary of State

Entity Name: ICBA SECURITIES CORPORATION

Current Principal Place of Business:

775 RIDGE LAKE BOULEVARD
SUITE 175
MEMPHIS, TN 38120

New Principal Place of Business:

Current Mailing Address:

518 LINCOLN ROAD
P.O. BOX 267
SAUK CENTRE, MN 563781653

New Mailing Address:

FEI Number: 06-1253210 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VP
Name: HOPKINS, PATRICIA M
Address: 1615 L STREET NW, SUITE 900
City-St-Zip: WASHINGTON, DC 200365623

Title: S
Name: TEAGNO, GARY C
Address: 1615 L STREET NW SUITE 900
City-St-Zip: WASHINGTON, DC 20036

Title: P
Name: REBER, JIM L
Address: 775 RIDGE LAKE BLVD, STE 175
City-St-Zip: MEMPHIS, TN 381209433

Title: D
Name: GOWEN, JIM S
Address: 120 HAZEL STREET
City-St-Zip: NEWPORT, AR 721120650

Title: D
Name: LEWIS, GREGG P
Address: 6TH & MAIN ST, POB 277
City-St-Zip: OSAWATOMIE, KS 660640277

Title: D
Name: BLANKENSHIP, CYNTHIA
Address: 2111 WEST AIRPORT FREEWAY
City-St-Zip: IRVING, TX 750626008

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PATRICIA HOPKINS

CFO

04/07/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date