

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F98000004783

**Entity Name:** ICBA SECURITIES CORPORATION

**Current Principal Place of Business:**

775 RIDGE LAKE BOULEVARD  
SUITE 175  
MEMPHIS, TN 38120

**FILED**  
**Apr 28, 2015**  
**Secretary of State**  
**CC3186570650**

**Current Mailing Address:**

518 LINCOLN ROAD  
P.O. BOX 267  
SAUK CENTRE, MN 56378-1653

**FEI Number: 06-1253210**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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

**Officer/Director Detail :**

Title CFO  
Name HOPKINS, PATRICIA M  
Address 1615 L STREET NW, SUITE 900  
City-State-Zip: WASHINGTON DC 20036-5623

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

Title PRESIDENT  
Name REBER, JIM L  
Address 775 RIDGE LAKE BLVD, STE 175  
City-State-Zip: MEMPHIS TN 38120-9433

Title CHRM  
Name GOWEN, JIM S  
Address 120 HAZEL STREET  
City-State-Zip: NEWPORT AR 72112-0650

Title DIRECTOR  
Name COTTLE, WAYNE  
Address 21 MAIN STREET  
City-State-Zip: FRANKLIN 02038

Title DIRECTOR  
Name FINE, CAMDEN  
Address 1615 L STREET NW, STE 900  
City-State-Zip: WASHINGTON DC 20036

Title DIRECTOR  
Name GARDNER, STEVEN  
Address 1600 SUNFLOWER AVENUE  
2ND FLOOR  
City-State-Zip: COSTA MESA CA 92626

Title DIRECTOR  
Name KENNEDY, PRESTON  
Address 4743 MAIN STREET  
City-State-Zip: ZACHARY LA 70791

**Continues on page 2**

*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 M. HOPKINS**

**CFO**

**04/28/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           MACKAY, MARSHALL  
Address        2600 EAGAN WOODS DR  
                  STE 200  
City-State-Zip: EAGAN MN 55121

Title           DIRECTOR  
Name           LOVING, WILLIAM  
Address        300 MAIN STREET  
City-State-Zip: FRANKLIN WV 26807