

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F93000004095 (6)**

1. Corporation Name

**INVESTMENT CENTERS OF AMERICA, INC.**



Principal Place of Business

Mailing Address

212 N. FOURTH ST.  
BISMARCK ND 58501

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BISMARCK ND 58501

3. Date Incorporated or Qualified <b>09/07/1993</b>	3a. Date of Last Report <b>03/22/1995</b>
4. FEI Number <b>45-0389744</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 State, Apt. #, etc. 27 City & State 28 Zip 29	25 Country 30 Country
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Name of Registered Agent) \_\_\_\_\_ (Name of Corporation)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GUNDERSON, THOMAS M.</b>	1.2 NAME	
STREET ADDRESS	<b>212 N. 4TH STREET</b>	1.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>BISMARCK ND</b>	1.4 CITY-STATE-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAYER, BRIAN D</b>	2.2 NAME	
STREET ADDRESS	<b>212 N. FOURTH ST</b>	2.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>BISMARCK NC</b>	2.4 CITY-STATE-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRAFF, ALEXANDRIA</b>	3.2 NAME	
STREET ADDRESS	<b>212 N. FOURTH ST</b>	3.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>BISMARCK NC</b>	3.4 CITY-STATE-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PAULSON, DAVID</b>	4.2 NAME	
STREET ADDRESS	<b>212 N. FOURTH ST</b>	4.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>BISMARCK NC 58501</b>	4.4 CITY-STATE-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GUNDERSON, THOMAS M</b>	5.2 NAME	
STREET ADDRESS	<b>212 N 4TH ST</b>	5.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>BISMARCK ND</b>	5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Brian D Mayer* **Brian Mayer, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(701)250-3200

CR2E034 (12/95)