

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**

**May 07 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F93000004095 (6)**  
1. Corporation Name  
**INVESTMENT CENTERS OF AMERICA, INC.**



Principal Place of Business <b>212 N. FOURTH ST. BISMARCK ND 58501</b>	Mailing Address <b>212 N. FOURTH ST. BISMARCK ND 58501</b>
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29		<b>3. Date Incorporated or Qualified</b> 09/07/1993	
<b>4. FEI Number</b> 45-0389744		Applied For <input type="checkbox"/> Not Applicable		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

<b>9. Name and Address of Current Registered Agent</b> C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND BOULEVARD PLANTATION FL 33324				<b>10. Name and Address of New Registered Agent</b>	
				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>CPT</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>PRESIDENT, DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GUNDERSON, THOMAS E</b>		1.2 NAME <b>GUNDERSON, THOMAS E</b>	
STREET ADDRESS <b>212 N. 4TH STREET</b>		1.3 STREET ADDRESS <b>212 N. 4TH STREET</b>	
CITY-ST-ZIP <b>MISMARCK ND</b>		1.4 CITY-ST-ZIP <b>BISMARCK, ND 58501</b>	
TITLE <b>S</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>Chairman</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>GRAFF, ALEXANDRIA</b>		2.2 NAME <b>GACKLE, MERLIN</b>	
STREET ADDRESS <b>212 N. FOURTH ST</b>		2.3 STREET ADDRESS <b>2701 N. ROCKY PT. DR., 7th FL</b>	
CITY-ST-ZIP <b>BISMARCK NC</b>		2.4 CITY-ST-ZIP <b>TAMPA, FL 33607</b>	
TITLE <b>VP</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>Oquist, Myra N.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DAUIST, MYRA N</b>		3.2 NAME	
STREET ADDRESS <b>2701 N ROCKY POINT DR 7TH FL</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>TAMPA FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>SVPD</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>ASST TREASURER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>GUNDERSON, THOMAS M</b>		4.2 NAME <b>KIMBERLY D. PATTERSON</b>	
STREET ADDRESS <b>212 N 4TH ST</b>		4.3 STREET ADDRESS <b>2701 N. ROCKY PT. DR. 7th FL</b>	
CITY-ST-ZIP <b>BISMARCK ND</b>		4.4 CITY-ST-ZIP <b>TAMPA, FL 33607</b>	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <b>S.D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME <b>MARY ALICE</b>	
STREET ADDRESS		5.3 STREET ADDRESS <b>400 1st AMERICAN CENTER</b>	
CITY-ST-ZIP		5.4 CITY-ST-ZIP <b>NASHVILLE, TN 37237</b>	
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-ST-ZIP		6.4 CITY-ST-ZIP	

**14. 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 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:  (813) 298-5703

CR2E034 (10/97)