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May 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F93000004095 (6)

1. Corporation Name

INVESTMENT CENTERS OF AMERICA, INC.



Principal Place of Business

212 N. FOURTH ST.
BISMARCK ND 58501

Mailing Address

212 N. FOURTH ST.
BISMARCK ND 58501-4004

3. Date Incorporated or Qualified

09/07/1993

3a. Date of Last Report

02/14/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

45-0389744

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME GUNDERSON, THOMAS M.
STREET ADDRESS 212 N. 4TH STREET
CITY-ST-ZIP BISMARCK ND

TITLE P ☒ DELETE
NAME MAYER, BRIAN D
STREET ADDRESS 212 N. FOURTH ST
CITY-ST-ZIP BISMARCK NC

TITLE S ☐ DELETE
NAME GRAFF, ALEXANDRIA
STREET ADDRESS 212 N. FOURTH ST
CITY-ST-ZIP BISMARCK NC

TITLE T ☒ DELETE
NAME PAULSON, DAVID
STREET ADDRESS 212 N. FOURTH ST
CITY-ST-ZIP BISMARCK NC 58501

TITLE VP ☐ DELETE
NAME GUNDERSON, THOMAS M
STREET ADDRESS 212 N 4TH ST
CITY-ST-ZIP BISMARCK ND

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CEO, Pres, Treas. ☒ Change ☐ Addition
1.2 NAME Thomas E. GUNDERSON
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE VP ☐ Change ☒ Addition
4.2 NAME Myra N. Quist
4.3 STREET ADDRESS 2701 N. Rocky Point Dr., 7th Floor
4.4 CITY-ST-ZIP TAMPA, FL 33607

5.1 TITLE SVP, D ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97

(813) 289-5755

Date

Daytime Phone #

CR2E034 (9/96)