

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Aug 16, 1999 8:00 am  
Secretary of State

08-16-1999 90002 039 \*\*\*550.00

DOCUMENT # F93000004095

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/07/1993

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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	CPT	<input type="checkbox"/> DELETE
NAME	GUNDERSON, THOMAS E	
STREET ADDRESS	212 N. 4TH STREET	
CITY-ST-ZIP	BISMARCK ND	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	GRAFF, ALEXANDRIA	
STREET ADDRESS	212 N. FOURTH ST	
CITY-ST-ZIP	BISMARCK NC	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	QUIST, MYRA N	
STREET ADDRESS	2701 N ROCKY PT DRIVE 7TH FLOOR	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	PETTERSON, KIMBERLY D	
STREET ADDRESS	2701 N. ROCKY PT DRIVE 7TH FLOOR	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PRICE, MARY	
STREET ADDRESS	400 1ST AMERICAN CENTER	
CITY-ST-ZIP	NASHVILLE TN 37237	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ROBERT R. BLAGOJEVICH	
2.3 STREET ADDRESS	2701 N. ROCKY POINT DR., 7TH. FLOOR	
2.4 CITY-ST-ZIP	TAMPA, FL. 33607	
3.1 TITLE	EXECUTIVE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	LYNN SMELT	
3.3 STREET ADDRESS	2701 N. ROCKY POINT DR., 7TH. FLOOR	
3.4 CITY-ST-ZIP	TAMPA, FL. 33607	
4.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GARY WARD	
4.3 STREET ADDRESS	2701 N. ROCKY POINT DR., 7TH. FLOOR	
4.4 CITY-ST-ZIP	TAMPA, FL. 33607	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Asst. Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Cindy Munro	
6.3 STREET ADDRESS	2701 N. Rocky Point Dr., 7th Floor	
6.4 CITY-ST-ZIP	Tampa, FL 33607	

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, with all other like empowered.

SIGNATURE:

*Cindy Munro*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/4/99

Date

813-289-5797

Daytime Phone #

CR2E034 (11/98)