

CT CORPORATION

FOR0000003811

(5)

CORPORATION(S) NAME

FOR CORP 7/25

ICBFS Insurance Services, Inc.

MJH

02 JUL 25 PM 2:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

02 JUL 25 PM 2:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

RECEIVED

<input checked="" type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
<input checked="" type="checkbox"/> Foreign	<input type="checkbox"/> Reinstatement	<input type="checkbox"/> Other
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Change of RA
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> UCC
<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<input type="checkbox"/> Certified Copy		
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

7/25/02

Order#: 5474796

600006665566--7
Ref#: -07/25/02--01063--001
*****70.00 *****70.00

Amount: \$ _____

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. ICBFS INSURANCE SERVICES, INC.

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Alabama

(State or country under the law of which it is incorporated)

3. 62-1849047

(FEI number, if applicable)

4. 2/6/2001

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. ESTIMATE AUGUST 2002 upon qualification

(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 775 Ridge Lake Blvd., Ste. 185, Memphis, TN 38120

(Current mailing address)

8. sale of insurance products and services, and to engage in any lawful act or activity for which corporations may be formed
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

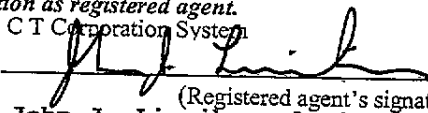
, Florida, 33324

(Zip code)

10. **Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T Corporation System


(Registered agent's signature)

John J. Linnihan, Asst. VP

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

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TALLAHASSEE FLORIDA

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: SEE ATTACHMENT

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: SEE ATTACHMENT

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Harold DeVries
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. HAROLD DEVRIES CFO
(Typed or printed name and capacity of person signing application)

ICBFS INSURANCE SERVICES, INC.

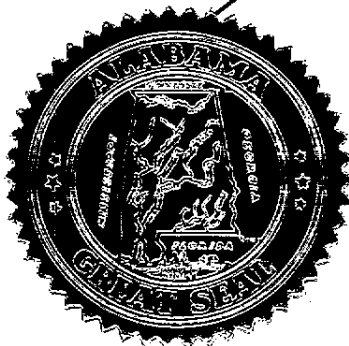
DIRECTORS & OFFICERS

NAME	BANK NAME	STREET ADDRESS	ADDRESS	CITY, STATE, ZIP CODE	SS #
ANTHONY ABBATE	Interchange State Bank	Park 80 West/Plaza 2		Saddle Brook, NJ 07663	088-30-6917
DIRECTOR	HOME ADDRESS:	6 Robin Hood Court		Montvale, NJ 07645	
KENNETH GUENTHER	ICBA	One Thomas Circle, NW Ste 400		Washington, DC 20005	084-28--5533
DIRECTOR	HOME ADDRESS:	4513 Dalton Road		Chevy Chase, MD 20815	
ROBERT GULLEDGE	Citizens Bank, Inc.	Hwy 104 & Palmer St	PO Box 569	Robertsdale, AL 36567	423-42-2259
DIRECTOR	HOME ADDRESS:		PO Box 846	Robertsdale, AL 36567	
CLAY HENRY	The Harleysville Bank & Trust Co	483 Main Str		Harleysville, PA 19435-0195	
DIRECTOR	HOME ADDRESS:				
JAMES RIFFE	Highlands Union Bank	340 W Main St	PO Box 1128	Abingdon, VA 24210	233-86-3398
DIRECTOR	HOME ADDRESS:				
NANCY RUYLE	Citizens Bank of Rogersville	100 E Front St	PO Box 50	Rogersville, MO 65742	490-50-5343
BOARD CHAIRMAN	HOME ADDRESS:	5618 S Stirling Way		Springfield, MO 65809	
A. PIERCE STONE	Virginia Community Bank	114 Industrial Dr	PO Box 888	Louisa VA 23093-0888	
DIRECTOR	HOME ADDRESS:				
HAROLD L. DEVRIES	ICBA	518 Lincoln Road	PO Box 267	Sauk Centre, MN 56378	360-34-0929
TREASURER/CFO	HOME ADDRESS:	2505 Le Homme Dieu View NE		Alexandria, MN 56308	
WILLIAM W. REID	ICBA Financial Services Corp	775 Ridge Lake Blvd Ste #185		Memphis, TN 38120	425-98-5877
DIRECTOR/PRES & CEO	HOME ADDRESS:	3440 Alfred Drive		Memphis, TN 38133	
GARY TEAGNO	ICBA Community Banking Network	2107 Wilson Blvd Ste 400	PO Box 9376	Arlington, VA 22201	228-78-2761
SECRETARY	HOME ADDRESS:	307 S Adam St		Arlington, VA 22204	

STATE OF ALABAMA

I, Jim Bennett, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the domestic corporation records on file in this office disclose that ICBFS Insurance Services, Inc. incorporated in Montgomery County, Montgomery, Alabama on February 6, 2001. I further certify that the records do not disclose that said ICBFS Insurance Services, Inc. has been dissolved.



In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

July 10, 2002

Date

Jim Bennett
Jim Bennett

Secretary of State