

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000004783

FILED
Mar 30, 2009
Secretary of State

Entity Name: ICBA SECURITIES CORPORATION

Current Principal Place of Business:

775 RIDGE LAKE BOULEVARD
SUITE 175
MEMPHIS, TN 38120

New Principal Place of Business:

Current Mailing Address:

518 LINCOLN ROAD
P.O. BOX 267
SAUK CENTRE, MN 563781653

New Mailing Address:

FEI Number: 06-1253210

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BUERGE, ALDEN
Address: 8TH MAIN, POB 1373
City-St-Zip: JOPLIN, MO 648014504

Title: S () Delete
Name: TEAGNO, GARY C
Address: 1615 L STREET NW SUITE 900
City-St-Zip: WASHINGTON, DC 20036

Title: P () Delete
Name: REBER, JIM L
Address: 775 RIDGE LAKE BLVD, STE 175
City-St-Zip: MEMPHIS, TN 381209433

Title: D () Delete
Name: GHIGLIERI, JAMES JR
Address: 201 N MAIN, POB 717
City-St-Zip: TOLUCA, IL 61369

Title: D () Delete
Name: LEWIS, GREGG P
Address: 6TH & MAIN ST, POB 277
City-St-Zip: OSAWATOMIE, KS 660640277

Title: D () Delete
Name: BLANKENSHIP, CYNTHIA
Address: 2111 WEST AIRPORT FREEWAY
City-St-Zip: IRVING, TX 750626008

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: HOPKINS, PATRICIA M
Address: 1615 L STREET NW, SUITE 900
City-St-Zip: WASHINGTON, DC 200365623

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GOWEN, JIM S
Address: 120 HAZEL STREET
City-St-Zip: NEWPORT, AR 721120650

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA M HOPKINS

VP

03/30/2009

Electronic Signature of Signing Officer or Director

Date