

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000004783

Entity Name: ICBA SECURITIES CORPORATION**Current Principal Place of Business:**775 RIDGE LAKE BOULEVARD
SUITE 175
MEMPHIS, TN 38120**Current Mailing Address:**518 LINCOLN ROAD
P.O. BOX 267
SAUK CENTRE, MN 56378-1653**FEI Number:** 06-1253210**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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

Officer/Director Detail :

Title CFO
Name HOPKINS, PATRICIA M
Address 1615 L STREET NW, SUITE 900
City-State-Zip: WASHINGTON DC 20036-5623

Title S,VC
Name TEAGNO, GARY C
Address 1615 L STREET NW SUITE 900
City-State-Zip: WASHINGTON DC 20036

Title PRESIDENT
Name REBER, JIM L
Address 775 RIDGE LAKE BLVD, STE 175
City-State-Zip: MEMPHIS TN 38120-9433

Title CHRM
Name GOWEN, JIM S
Address 120 HAZEL STREET
City-State-Zip: NEWPORT AR 72112-0650

Title DIRECTOR
Name COTTLE, WAYNE
Address 21 MAIN STREET
City-State-Zip: FRANKLIN 02038

Title DIRECTOR
Name FINE, CAMDEN
Address 1615 L STREET NW, STE 900
City-State-Zip: WASHINGTON DC 20036

Title DIRECTOR
Name GARDNER, STEVEN
Address 1600 SUNFLOWER AVENUE
2ND FLOOR
City-State-Zip: COSTA MESA CA 92626

Title DIRECTOR
Name KENNEDY, PRESTON
Address 4743 MAIN STREET
City-State-Zip: ZACHARY LA 70791

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I hereby 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 all other like empowered.

SIGNATURE: PATRICIA M. HOPKINS

CFO

04/22/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MACKAY, MARSHALL
Address 2600 EAGAN WOODS DR
 STE 200
City-State-Zip: EAGAN MN 55121

Title DIRECTOR
Name LOVING, WILLIAM
Address 300 MAIN STREET
City-State-Zip: FRANKLIN WV 26807