

1.) CORPORATION NAME:

**THE INTERNATIONAL CITY MANAGEMENT
ASSOCIATION RETIREMENT CORPORATION**

DUE DATE: **7/31/2011**

SCC ID NO: **F0485799**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI
CORPORATION SERVICE COMPANY
Bank of America Center, 16th Floor
1111 East Main Street**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 777 N CAPITOL ST NE STE 600

CITY/ST/ZIP: WASHINGTON, DC 20002-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	JOAN MCCALLEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	777 N CAPITOL STREET NE SUITE 600		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20002-4240		

NAME:	ANGELA MONTEZ	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SEC		
ADDRESS:	777 N CAPITAL ST NE STE 600		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20002-4240		

NAME:	ELIZABETH GLISTA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	777 N CAPITOL ST NE #600		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20002-4240		

NAME:	THOMAS LUNDY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	777 N. CAPITOL ST, NE #600		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20002-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID R MORA DIRECTOR 777 NORTH CAPITOL ST, NE WASHINGTON, DC 20002-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN BENNETT ASST TREASURER 777 NORTH CAPITOL STREET NE SUITE 600 WASHINGTON, DC 20002-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BARBARA STOTLER ASST TREASURER 777 NORTH CAPITOL STREET NE SUITE 600 WASHINGTON, DC 20002-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GEORGE SUZICH ASST TREASURER 777 NORTH CAPITOL STREET NE SUITE 600 WASHINGTON, DC 20002-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KATHRYN MCGRATH SECRETARY 777 NORTH CAPITOL NE STREET SUITE 600 WASHINGTON, DC 20002-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES B ROHRBACHER CHIEF COMP OFFI 777 NORTH CAPITOL STREET NE SUITE 600 WASHINGTON, DC 20002-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT O'NEILL DIRECTOR 777 NORTH CAPITOL STREET NE SUITE 600 WASHINGTON, DC 20002-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ERIC ANDERSON DIRECTOR 777 NORTH CAPITOL STREET NE SUITE 600 WASHINGTON, DC 20002-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JACQUELINE CHARNLEY DIRECTOR 777 NORTH CAPITOL STREET NE SUITE 600 WASHINGTON, DC 20002-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SCOTT KISTING DIRECTOR 777 NORTH CAPITOL STREET NE SUITE 600 WASHINGTON, DC 20002-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PEGGY MERRISS DIRECTOR 777 NORTH CAPITOL STREET NE SUITE 600 WASHINGTON, DC 20002-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ERICK MCKISSACK DIRECTOR 777 NORTH CAPITOL STREET NE SUITE 600 WASHINGTON, DC 20002-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	R.L JAY VIVIAN DIRECTOR 777 NORTH CAPITOL STREET NE SUITE 600 WASHINGTON, DC 20002-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ ELIZABETH GLISTA	ELIZABETH GLISTA, TREASURER	7/22/2011
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.