

1.) CORPORATION NAME:

**THE INTERNATIONAL CITY MANAGEMENT
ASSOCIATION RETIREMENT CORPORATION**

DUE DATE: **7/31/2012**

SCC ID NO: **F0485799**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

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.

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

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	KATHRYN MCGRATH	
TITLE:	SECRETARY	
ADDRESS:	777 NORTH CAPITOL NE STREET SUITE 600	
CITY/ST/ZIP/CO:	WASHINGTON, DC 20002	

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

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

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	BARBARA STOTLER	
TITLE:	ASST TREASURER	
ADDRESS:	777 NORTH CAPITOL STREET NE SUITE 600	
CITY/ST/ZIP/CO:	WASHINGTON, DC 20002	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	GEORGE SUZICH	
TITLE:	ASST TREASURER	
ADDRESS:	777 NORTH CAPITOL STREET NE SUITE 600	
CITY/ST/ZIP/CO:	WASHINGTON, DC 20002	

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:	FRANCES GONZALEZ 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:	TIMOTHY VAILL 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:	THOMAS LUNDY DIRECTOR 777 N. CAPITOL ST, NE #600 WASHINGTON, DC 20002	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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
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
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:	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:	R.L JAY VIVIAN DIRECTOR 777 NORTH CAPITOL STREET NE SUITE 600 WASHINGTON, DC 20002	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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 SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ELIZABETH GLISTA, TREASURER PRINTED NAME AND CORPORATE TITLE	6/21/2012 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.			