

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222,3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

FORM MUST BE T				<u></u>		
1. ID No 110176		t name of the limit A-RC Services.	ed liabilty company			
3. State of Formation	. 1			e business which is actually conducted	:- 01-d-1-1-	·
DELAWARE	•			vices and Licenses Requ		ster Truet and Poleton
		Mutual Pund	i Investments o	on Behalf of State and L	ocal Governmen	t Retirement Plans
5. Principal office a		NE #COO		City	State	Zip
777 N, Capi				WASHINGTON	DC	20002-4240
6. MAILING AI Contact Name	DDRESS C	OF LIMITED L	IABILIŢŸĊOMP	NY AND NAME OR TITLE	OF CONTACT PE	RSON:
George Suzi	ch			<i>Contact Title</i> Director, Tax &	Compliance	
Street Address			-	City	State	Zip
777 N, Capi	tol ST,	NE #600		. WASHINGTON	DC	20002-4240
7. NAME AND	DDRESS	OF EACH MA	NAGER OF THE	LIMITED LIABILITY COM	PANY, IF APPLIC	
•		FILL IN SPA	CES BEFORE USING	G ATTACHMENTS ("X" BOX F	OR ATTACHMENT)	
~	ANY M	ODIFICATIONS T	O MANAGERS REQU	JIRES FILING OF AMENDMENT. R	l.I.G.L 7-16-12 (a) (2)	/ 7-16-52
fanager Name				· Manager Name		
None				•		
Street Address				· Street Address	· 	
City		State	Zip	*City	State	
,]2.0	·	Sidie	Zιp
Manager Name	• • • • •			Manager Name		• • • • • • • • • • • • • • • • • • • •
				• "		
Street Address				· Street Address		
City		State	12:-			
city		State	Zip	.City	State	Zip
8. RESIDENT AC	ENT IN R	HODE ISLAND	DO NOT ALTER- CI	nanges require filing of Fo	em 642 PICI	7.16.11
Igent Name		<u> </u>		Address	7111 042 - K.I.G.L.	7-10-11
Corporation Se	ervices Co	mpany				
Address				City		Zip
222 Jeffer	son Bou	levard, Sui	te 200	Warwick		02888
			<u>-</u>		1	02000
his report must	be signed	'in ink by an e	authorized person	pursuant to 7-16-66.		
	41 SINT HOLD O	FIEL IIBII IEEID BII			•	
				Under penalty of per	jury. I declare and at	Tirm that I have examined
				this report, including	any accompanying	schedules and statements,
	a/			and that all statemen	ts contained herein a	re true and correct.
File Date	<u>[] 30/0</u>	5	_	()G	10 h	0/02/-
Check No. 3654 Signature of Authorized Person Date					7/27/05 Date	
<u></u>		1/2	-	Canad 14=	T	_
В <u>у;</u>		10	-		ıs, Treasurei	
FOR SECRETARY	OF STATE L	JSE ONLY		Print or Type Name of	Aumorizea Person	

ICMA-RC SERVICES, LLC 2005

Business Activities Statement

Provides distribution services and licenses required to administer trust (and related mutual fund) investments on behalf of state and local government retirement plans and their participants.

OFFICERS (Managers)	TITLE	ADDRESS
Joan McCallen	President	ICMA Retirement Corporation 777 North Capitol Street, NE, Suite 600 Washington, DC 20002-4240
Paul Gallagher	Secretary	ICMA Retirement Corporation 777 North Capitol Street, NE, Suite 600 Washington, DC 20002-4240
Gerard Maus	Treasurer	ICMA Retirement Corporation 777 North Capitol Street, NE, Suite 600 Washington, DC 20002-4240
OWNER INFORMATION		
ICMA Retirement Corporation (EIN: 23-7268394)	Sole Member (100% owner)	777 North Capitol Street, NE, Suite 600 Washington, DC 20002-4240



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) I. ID No. 2. Exact name of the limited liabilty company 110176 ICMA-RC Services, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island PROVIDES DISTRIBUTION SERVICES AND LICENSES REQUIRED TO ADMINISTER TRUST AND RELATED **DELAWARE** MUTUAL FUND INVESTMENTS ON BEHALF OF STATE AND LOCAL GOVERNMENT RETIREMENT PLANS AND 5. Principal office address City Vale 777 NORTH CAPITOL STREET NE., SUITE 600 WASHINGTON DC 20002-4240 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title GEORGE SUZICH Street Address City State Zip 777 NORTH CAPITOL STREET, NE., SUITE 600 . WASHINGTON DC 20002-4240 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY; IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52 Manager Name • Manager Name Street Address Street Address City State City State Zip Manager Name Manager Name Sireei Address ·Street Address City State City State Zip 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11

Address

WARWICK

City

222 JEFFERSON BOULEVARD, SUITE 200

Zip

02888-

This report must be signed in ink by an authorized person pursuant to 7-16-66.



CORPORATION SERVICE COMPANY

Address

110176 FLLC 09/23/04,09:15:28 AM			
File Date	10	Ч	04
Check No		<u>35°</u>	72
В <u>у:</u>		_ O i	4
FOR SECRETARY OF STATE USE ONLY			

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

ICMA Retirement Corp. Sole Member

By:

Gignature of Authorized Person

Date

John Bennett, Treasurer

Print or Type Name of Authorized Person

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretar, of State

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK)

1 ID No 2 Exact name of the limited liability company					
110176 ICM	A-RC SERVICES	, LLC			
3 State of Formation	3 State of Formation 4 Brief description of the character of the business which is actually conducted in Rhode Island PROVIDES DISTRIBUTION SERVICES AND LICENSES REVIED TO ADMINISTER TRUST AND RELATED MUTUAL				
DELAWARE			ND LOCAL GOVERNMENT RETIR		
5 Principal office address			Cay	State	Zip
777 N. CAPITOL ST	. NE #600		WASHINGTON	DC	20002
6. MAILING ADDRESS OF L	IMITED LIABILITY (OMPANY AND NAME	OR TITLE OF CONTACT PE	RSON:	
Contact Nume		-	Contact Title		
George Suzich			Director, Tax & 0	Compliance	
Street Address	-		City	State	Zip
Same as above					
7. NAME AND ADDRESS OF	EACH MANAGER OF	THE LIMITED LIABI	LITY COMPANY, IF APPLICA	BLE	
		DRE USING ATTACHM	1	´ 🗀	
	Y MODIFICATIONS TO M	ANAGERS REQUIRES FIL	LING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52		
Manager Name			Manager Name		
None					
Stret Address			Street Address		
	T-:	,		 _	
Cits	State	Zip	City	State	Zip
		<u> </u>			
Manager Name			Manager Name		
	 -				
Street Address			Street Address		
		•		,	. ,
City	State	Zip	City	State	71p
	L		<u> </u>		
8. RESIDENT AGENT IN RH	ODE ISLAND - DO NO	T ALTER - Changes requir	 	16-11	
Agent Name			Address		
Corporation Servi				•	
Address			Cny	Zφ	
170 Westminster Street, Suite 900			Providence	02	903

This report must be signed in ink by an authorized person pursuant to 7-16-66

File Date _	12/8/03
Check No	137080
By	- - · · · · · · · · · · · · · · · · · ·
FOR SECR	RETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct ICMA Retirement, Corporation, Sole Member

Signature of Authorized Person

12-2-2063

John Bennett, Treasurer
Print or Type Name of Authorized Person

Form 632 Rev 6:02



110176

3. State of Formation

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

ICMA-RC Services, LLC

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 2. Exact name of the limited liability company

Edward S. Inmon, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002 Filing Period: September 1 - November 1 • Filing Fee: \$50.00

3. State of Formation			which is actually conducted in i		
Delaware Provides distribution services and licenses required to administer trust mutual fund investments on behalf of state and local gov't retirement plan			ister trust related		
5. Principal office address	mutual rund in	vestments on behi			
777 North Capitol	Street, NE		City Washington	State DC	<i>Zip</i> 20002-4240
6. MAILING ADDRESS	F LIMITED LIABI	LITY COMPANY AN	D NAME OR TITLE OF	CONTACT P	ERSON:
Contact Name			Contact Title		
Andrine Coleman		<u> </u>	.Senior Financial	Reporting	Accountant
Street Address Same as aboove			City	State	Zip
7. NAME AND ADDRESS	OF EACH MANAC	ER OF THE LIMIT	ED LIABILITY COMPA	NV IF APPLI	CARLE
	FILL IN SPACES	BEFORE USING ATTAC		ATTACIIMENT)	
ANY M			LING OF AMENDMENT. R.I.(
Manager Nume			·Manager Name		
t .			• .		
Street Address			• Street Address		
Cin	State	17:-			
	(Mail)	Zip	*City	State	Zip
Manager Name	• • • • • • • • • • • • • • • • • • • •	······································	*Manager Name		. .
			•		
Street Address		<u> </u>	*Street Address		·
			•		
City	State	Zip	Ciry	State	Zip
			·		
8. RESIDENT AGENT IN R	HODE ISLAND -DO	NOT ALTER- Changes		n 642 - R.I.G.L	7-16-11
Agent Name			Address		
Corporation Service Con	1pany		<u>L</u>		
Address			City		Zip
170 Westminister St	treet, Suite 9	00	Providence	02903	
					<u> </u>
This report must be signed	in ink by an auth	orized nerson nursua	ni to 7-16-66		
	by an aa	orracu person pursuu	M 10 7-70-00.		
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	111) [EI 1111 EI				
	9183 B.H. 30010 D.H.				
1 1 0	176			,	· .
• •	•		Under penalty of perjur	y, I declare and	affirm that I have examined
) · - ·- · ·	and that all statements	iy accompanying	g schedules and statements,
1-11-	3		12 and that all statements	Suramen iriem	are true and correct.—
File Dale - CDC	<u> </u>		(1)		Trade to the many
240	/ >		Nurd la	nguay/	10/22/02
Check No. 2999	<u> </u>	• •	Signature of Authorized P	erson)	Date ! !
$ _{B_{Y}}$		<u></u>	- DAVID TANGU	ĂU U	
FOR SECRETARY OF STATE L	JSE ONLY		Print or Type Name of Au	thor cd Person	Form 433 (b., 746)
)			Form 632 Rev. 6/02

ICMA RE SERVICES; LILE * "OFFICERS (MANAGERS)"

NAME	TITLE	<u>ADDRESS</u>			
OFFICERS (MANAGERS)					
Girard Miller	President	ICMA Retirement Corporation 777 North Capitol Street, NE, Suite 600 Washington, DC 20002-4240			
Paul Gallagher	Secretary	ICMA Retirement Corporation 777 North Capitol Street, NE, Suite 600 Washington, DC 20002-4240			
Paul Breault	Treasurer	ICMA Retirement Corporation 777 North Capitol Street, NE, Suite 600 Washington, DC 20002-4240			
Elizabeth S. Glista	Assistant Treasurer	ICMA Retirement Corporation 777 North Capitol Street, NE, Suite 600 Washington, DC 20002-4240			
David Tanguay	Assistant Treasurer	ICMA Retirement Corporation 777 North Capitol Street, NE, Suite 600 Washington, DC 20002-4240			
John Bennett	Assistant Treasurer	ICMA Retirement Corporation 777 North Capitol Street, NE, Suite 600 Washington, DC 20002-4240			

^{*} ICMA Retirement Corporation is the sole member of this limited liability company.

Filing Fee: \$50.00

To be filed annually between September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

LIMITED LIABILITY COMPANY



ID Number FLLC 11	0.	176	
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Annual Report for the year 2001

1.	The name of the limited liability company	/ is:			
	ICMA-RC Services, LLC				
2.	The address of the principal office of the	limited liability company is:			
	_777 North Capitol Street	NE Suite 600: Washington, DC 20002-4240			
3.	The state or other jurisdiction under the laws of which it is formed is DELAWARE				
4.	The name and address of its resident agent is: CORPORATION SERVICE COMPANY				
	170 WESTMINSTER STREET, SUITE S	900 PROVIDENCE RI 02903-			
5.	The current mailing address of the limite	ed liability company and the name or title of a person to whom communications			
	may be directed are: 777 North C	Capitol Street NE Suite 600-FIN			
	Washington, DC 20002-42	40; ATTN: Pui-Ling Law			
6.	6. A brief statement of the character of the business in which the limited liability company is actually engaged in the provides distribution services and licenses required to administer state: trust (and related mutual fund) investments on behalf of state and				
7.	local government retireme	ent plans and their participants. gers, the name and address of each manager of the limited liability company Address			
	NONE - N/A				
Da	ted	Linder penalty of perion, I dealers and office that I have seen at the			
		Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.			
	1 1 0 1 7 6	ICMA-RC Services. LLC Exact Name of Limited Liability Company			
File	FOR SECRETARY OF STATE USE ONLY Date:	ICMA Retirement Corporation, Sole Member			
	ck No.: 3429	David Tanguay Assistant Treasurer			
3y:	7429	Title Form No. 632 Revised 01/99			

Filing Fee: \$50.00

To be filed annually between September 1 and November 1



FOR SECRETARY OF STATE USE ONLY

File Date: 10-26-00

Check No.:

By:

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID	Number FLLC 110176	Annual Report for the year 2000		
1.	The name of the limited liability company i	s:		
	ICMA-RC Services, LLC			
2.	The address of the principal office of the li	mited liability company is:		
	777 North Capitol Street NE Sui	te 600; Washington, DC 20002-4240		
3.	The state or other jurisdiction under the law	ws of which it is formed is DELAWARE		
4.	The name and address of its resident ager	ntis: CORPORATION SERVICE COMPANY		
	170 WESTMINSTER STREET, SUITE 90	00 PROVIDENCE RI 02903-		
5.		liability company and the name or title of a person to whom communications		
	nay be directed are: 777 North Capitol Street NE Suite 600			
	Washington DC 20002-4240; ATTN:	Tax Officer		
3.	Provides distribution serv	business in which the limited liability company is actually engaged in this ices and licenses required to administer trust (and related n behalf of state and local government retirement plans		
7.	and their participants.	ers, the name and address of each manager of the limited liability company Address		
	NONE - N/A			
)at	æd	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.		
		ICMA-RC Services, LLC		

Exact Name of Limited Liability Company

ICMA Retirement Corporation, Sole Member

Elizabeth S. Glista, Assistant Treasurer

Title

Form No. 632

Revised 01/99