

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90042 012 ***150.00

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DOCUMENT # **P14924**

1. Entity Name
LYNCOLN/NATIONAL MANAGEMENT SERVICES/ INC.
FORT WAYNE MANAGEMENT SERVICES, INC.



Principal Place of Business
ONE REINSURANCE PLACE
1700 MAGNAVOX WAY
FT. WAYNE IN 46804
US

Mailing Address
P O BOX 7808
FT WAYNE IN 46801-7808
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **35-1690454**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES STREET
SUITE 105
TALLAHASSEE FL 32301

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEOD ROWLAND, LAWRENCE T 1700 MAGNAVOX WAY FORT WAYNE IN 46804	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVTD TYLER, WILLIAM K 1700 MAGNAVOX WAY FT. WAYNE IN 46804	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD ALFORD, TIMOTHY J 1700 MAGNAVOX WAY FT. WAYNE IN 46804	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD STROUP, CHRIS C 175 KING STREET ARMONK NY 10504	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARRIGAN, PATRICIA D 175 KING STREET ARMONK NY 10504	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LEMON, MARK D 1700 MAGNAVOX WAY FORT WAYNE IN 46804	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/CEO/D Eckert, Raymond A. 175 King Street Armonk, NY 10504	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D Arnold, Neal E. 1700 Magnavox Way Fort Wayne, IN 46804	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Brunnegraff, Thomas J. 175 King Street Armonk, NY 10504	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEOD Chris C. Stroup 175 King Street Armonk, NY 10504	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** **Raymond A. Eckert Senior Vice President** 4/16/03
Date **877/794-7773**

CR2E034 (10/02)

Attachment #

90100488
PH924

Fort Wayne Management Services, Inc.
1700 Magnavox Way
Fort Wayne, IN 46804
FEIN 35-1690454

OFFICERS
(All terms indefinite)

<u>NAME</u>	<u>BUSINESS ADDRESS</u>
Jacques E. Dubois Chairman of the Board 877/794-7773	175 King Street Armonk, NY 10504
Chris C. Stroup President Chief Executive Officer 877/794-7773	175 King Street Armonk, NY 10504
Raymond A. Eckert Senior VP & CFO 877/794-7773	175 King Street Armonk, NY 10504
W. Weldon Wilson Senior VP & General Counsel 877/794-7774	175 King Street Armonk, NY 10504
Neal E. Arnold Vice President 260/455-2267	1700 Magnavox Way Fort Wayne, IN 46804
Thomas J. Brunnegraff Vice President 877/794-7773	175 King Street Armonk, NY 10504
James B. Keller Vice President 260/455-3105	1700 Magnavox Way Fort Wayne, IN 46804
Edward B. Martin Vice President 260/455-6381	1700 Magnavox Way Fort Wayne, IN 46804
Donna McCabe Vice President 877/794-7773	175 King Street Armonk, NY 10504

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