2004 FOR PROFIT CORPORATION

FILED Apr 29, 2004 8:00 am Secretary of State

	71111071						•	
DOCUMENT # P97000073725 1. Entity Name LINN & ASSOCIATES, INC.					04-29-2004 90214 003 ***150.00			
Principal Place of Business Mailing Address					94070761			
4535 CENTRAL AVE. ST. PETERSBURG, FL 33713-8137		C/O NFP 787TH 7TH AVE. 49TH FLOOR NEW YORK, NY 10019			1 1 1 1 1 1 	Z		
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04262004	Chg-P	CR2E034 (10/03	3)
City & State		City & State			4. FEI Number 59-3469		├ ─-+	Applied For Not Applicable
Zip	Country	Zip	Country		5. Certificate o	f Status Desired	□ \$8.75 A Fee Requ	
	6. Name and Address of Current R	legistered Agent			7. Name and A	Address of New F	Registered Agent	
			Nam	10				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Stree	Street Address (P.O. Box Number is Not Acceptable)				
			City	·····			FL Zip C	ode
	named entity submits this statement for ions of registered agent.	the purpose of changing its r	egistered offic	e or register	ed agent, or both	n, in the State of Fl	orida. I am familiar wi	th, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.								
10.	OFFICERS AND D	DIRECTORS	11.			CHANGES TO OF	FICERS AND DIRECTO	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT LINN, MAX P 6446 CENTRAL AVENUE ST. PETERSBURG, FL 33707	☐ Delete	TITLE NAME STREET ADDRI CITY-ST-ZIP	ESS 45:	n, Max 35-Centr	al mue	ØChang 23713-81	_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINN, PATRICIA 6446 CENTRAL AVENUE ST. PETERSBURG, FL 33707	□ Delete	TITLE NAME STREET ADDRI CITY - ST - ZIP	U C Edu 45	CEO	Jillson O	☆ Chang	ge 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CROSSFIELD, ANDY 4535 CENTRAL AVE. SAINT PETERSBURG, FL 33713	☐ Delete	TITLE NAME STREET ADDRI CITY-ST-ZIP	5 N00 181	icks Re	.J	Chang	ge 🗌 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP UESER, LORI M 500 W. MADISON, STE 3650 CHICAGO, IL 60661	☐ Delete	TITLE NAME STREET ADOR CITY-ST-ZIP		ser, Loi Dw. M Itcago,	ladison,	\$ chang Ste 2400 (661	ge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHERR OLSON, STEPHANIE 787 SEVENTH AVE., 49TH FL NEW YORK, NY 10019	Delete	TITLE NAME STREET ADDRI CITY-ST-ZIP	ESS	J		☐ Chang	ge 🗌 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECKER, LAWRENCE 787 SEVENTH AVE., 49TH FL NEW YORK, NY 10019	☐ Delete	TITLE NAME STREET ADOR CITY-ST-ZIP	D 24 78	ecaro, k I sevenim	obert Aug 4	9 M F.C. 10019	ge 🗀 Addition
12. I hereby	certify that the information supplied with on this report or supplemental report is	this filing does not qualify for true and accurate and that m	the exemption	stated in Se	ection 119.07(3)(i same legal effect), Florida Statutes, as if made under	I further certify that the cath; that I am an offi	e information cer or director

of the corporation of the receiver or trustee empowered to execute this report is changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: __

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR