

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 05, 2005 8:00 am**  
**Secretary of State**

04-05-2005 90052 021 \*\*\*150.00

DOCUMENT # P97000073725			
1. Entity Name LINN & ASSOCIATES, INC.			
Principal Place of Business 4535 CENTRAL AVE. ST. PETERSBURG, FL 33713-8137		Mailing Address C/O NFP 787TH 7TH AVE. 49TH FLOOR NEW YORK, NY 10019	
2. Principal Place of Business		3. Mailing Address c/o NFP 500 W. Madison St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 2400	
City & State		City & State Chicago, IL	
Zip	Country	Zip	Country
		60661	USA
4. FEI Number 59-3469008		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PTD LINN, MAX P 4535 CENTRAL AVE. SAINT PETERSBURG, FL 337138137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Wilson O. Edwards 4535 Central Ave St. Petersburg, FL 33713-8137 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EDWARDS, WILLSON O 4535 CENTRALL AVE. SAINT PETERSBURG, FL 337138137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NOACK, RENEE 787 SEVENTH AVE... 49TH FLOOR NEW YORK, NY 10019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	→ S Anne M. Stevenson 4535 Central Ave St. Petersburg, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LIESER, LORI M 500 W. MADISON, STE 2400 CHICAGO, IL 60661 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHERR OLSON, STEPHANIE 787 SEVENTH AVE., 49TH FL NEW YORK, NY 10019 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZUCCARO, ROBERT 787 SEVENTH AVE., 49TH FL NEW YORK, NY 10019 <input type="checkbox"/> Delete	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: 		Lori M. Lieser 4/1/05 312-985-5100	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

# ATTACHMENT

40047330

(Untitled)

# P97000073725

**Position Type**

Director  
Officer  
Officer  
Director  
Officer  
Officer  
Officer  
Director

**Name**

Edwards, Willson O.  
Edwards, Willson O.  
Edwards, Willson O.  
Holtz, Elliot M.  
Katz, Miriam I.  
Lieser, Lori M.  
Stevenson, Anne M.  
Zuccaro, Robert S.

**Title**

Director  
President  
Treasurer  
Director  
Assistant Secretary  
Vice President  
Secretary  
Director