

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000073725

Entity Name: LINN & ASSOCIATES, INC.

FILED  
Apr 23, 2007  
Secretary of State

**Current Principal Place of Business:**

4535 CENTRAL AVE.  
ST. PETERSBURG, FL 337138137

**New Principal Place of Business:**

**Current Mailing Address:**

C/O NFP 500 W MADISON ST  
SUITE 2400  
CHICAGO, IL 60661

**New Mailing Address:**

FEI Number: 59-3469008      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: EDWARDS, WILLSON O  
Address: 4535 CENTRAL AVE.  
City-St-Zip: SAINT PETERSBURG, FL 337138137

Title: D ( ) Delete  
Name: ZUCCARO, ROBERT  
Address: 787 SEVENTH AVENUE, 11TH FLOOR  
City-St-Zip: NEW YORK, NY 10019 US

Title: S ( ) Delete  
Name: STEVENSON, ANNE M  
Address: 4535 CENTRAL AVE  
City-St-Zip: ST PETERSBURG, FL

Title: V ( ) Delete  
Name: LIESER, LORI M  
Address: 500 W. MADISON, STE 2400  
City-St-Zip: CHICAGO, IL 60661

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORI M. LIESER

VP

04/23/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date