

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

0479124 AV

04-28-2003 91420 010 ***150.00

DOCUMENT # P97000073725

1. Entity Name
LINN & ASSOCIATES, INC.



Principal Place of Business
**4535 CENTRAL AVE.
ST. PETERSBURG FL 33713-8137**

Mailing Address
**6446 CENTRAL AVE.
ST. PETERSBURG FL 33707**

2. Principal Place of Business

3. Mailing Address
40 NFP 787th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.
49th Floor

City & State

City & State
New York

Zip Country

Zip Country
NY 10019

4. FEI Number **59-3469008**

Applied For
Not Applicable

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 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 Delete
NAME **D LINN, MAX P**
STREET ADDRESS **6446 CENTRAL AVENUE**
CITY-ST-ZIP **ST. PETERSBURG FL 33707**

TITLE Change Addition
NAME **President/Treasurer max P. Linn**

TITLE Delete
NAME **D LINN, PATRICIA**
STREET ADDRESS **6446 CENTRAL AVENUE**
CITY-ST-ZIP **ST. PETERSBURG FL 33707**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME **Secretary Crossfield, Andy**
STREET ADDRESS **4535 Central Avenue**
CITY-ST-ZIP **St. Petersburg, FL 33713**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME **VP Lori M. Lieser**
STREET ADDRESS **500 W. Madison, Suite 3650**
CITY-ST-ZIP **Chicago, IL 60661**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME **VP Stephanie Scherr Olson**
STREET ADDRESS **787 Seventh Ave, 49th Floor**
CITY-ST-ZIP **New York NY 10019**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME **Director Lawrence Becker**
STREET ADDRESS **787 Seventh Ave, 49th Floor**
CITY-ST-ZIP **New York NY 10019**

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 **REQUIREM. Lieser** 4/22/03 312-985-5100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)