

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 822801**

1. Entity Name

**LINCOLN FINANCIAL ADVISORS CORPORATION****FILED****Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90089 044 \*\*\*150.00

Principal Place of Business	Mailing Address
<b>200 EAST BERRY STREET FORT WAYNE IN 46802-2706 US</b>	<b>P O BOX 2239 1300 S. CLINTON ST. FORT WAYNE IN 46801-2239 US</b>

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 2239
City & State	200 East Berry Street
Fort Wayne, IN	City & State
Zip	Fort Wayne, IN
Country	46801-2239
	US



DO NOT WRITE IN THIS SPACE

4. FEI Number	35-1151034	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
<b>THE PRENTICE HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
(See criteria on back)**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:	
TITLE	D	TITLE	VP/FO/D
NAME	GILLER, GARY	NAME	LYNCH, MATTHEW
STREET ADDRESS	7650 RIVER EDGE DR, STE 250	STREET ADDRESS	350 CHURCH STREET
CITY-ST-ZIP	COLUMBUS OH	CITY-ST-ZIP	HARTFORD, CT 06103-1106
TITLE	FO	TITLE	
NAME	BOYLES, RICHARD C	NAME	
STREET ADDRESS	1300 S CLINTON ST	STREET ADDRESS	
CITY-ST-ZIP	FT WAYNE IN	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	ROSE, CYNTHIA A	NAME	
STREET ADDRESS	1300 S. CLINTON ST.	STREET ADDRESS	
CITY-ST-ZIP	FT WAYNE IN 46801	CITY-ST-ZIP	
TITLE	VPD	TITLE	VP
NAME	BEHRENDT, JOHN M	NAME	BEHRENDT, JOHN M
STREET ADDRESS	1300 S CLINTON ST	STREET ADDRESS	200 EAST BERRY STREET
CITY-ST-ZIP	FT WAYNE IN	CITY-ST-ZIP	FORT WAYNE, IN 46802-2706
TITLE	PD	TITLE	
NAME	HEMP, J MICHAEL	NAME	
STREET ADDRESS	1300 S CLINTON ST	STREET ADDRESS	
CITY-ST-ZIP	FT WAYNE IN	CITY-ST-ZIP	
TITLE	TVP	TITLE	TVP
NAME	CHYZAN, JANET	NAME	CRAWFORD, FREDERICK J
STREET ADDRESS	1300 SOUTH CLINTON STREET	STREET ADDRESS	1500 MARKET STREET, SUITE 3900
CITY-ST-ZIP	FORT WAYNE FL	CITY-ST-ZIP	PHILADELPHIA, PA 19102-2112

13. 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 11 or Block 12 if 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

Trina Mills, Assistant Secretary 4/25/01 455-2562

Date

Daytime Phone #

CR2E034 (10/00)