**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 24 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **427376** **(9)**

1. Corporation Name
**LINCOLN FINANCIAL SERVICES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| C/O TAX DEPT., 1300 S CLINTON ST.<br>FORT WAYNE IN 46801 | C/O TAX DEPT., 1300 S CLINTON ST.<br>FORT WAYNE IN 46801 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/30/1973**
3a. Date of Last Report: **05/01/1994**

| | | | |
|---|---|---|---|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number: **36-2773211** | ☐ Applied For ☐ Not Applicable |
| 21 | 26 40 Lincoln Centre Blvd | | |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 Box S. Clinton St. P.O. Box 7839 | 5. Certificate of Status Desired ☐ | **$8.75** Additional Fee Required |
| City & State 23 | City & State 28 Ft Wayne, IN | 6. Election Campaign Financing Trust Fund Contribution ☐ | **$5.00** May Be Added to Fees |
| Zip 24 / Country 25 | Zip 29 46801 / County 30 Allen | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No | |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| PRENTICE-HALL CORPORATION SYSTEM, INC.<br>110 NORTH MAGNOLIA STREET<br>TALLAHASSEE FL 32301 | 01 Name<br>02 Street Address (P.O. Box Number is Not Acceptable)<br>03<br>04 City **FL** 05 Zip Code |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when mandatory

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PD | 11 TITLE | | ☐ Change ☐ Addition |
| NAME | WOODWARD, CHARLES H. III | 12 NAME | | |
| STREET ADDRESS | ONE INDEPENDENT DRIVE | 13 STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL | 14 CITY-ST-ZIP | | |
| TITLE | DS | 21 TITLE | | ☐ Change ☐ Addition |
| NAME | NIGHTINGALE, CAROLYN M. | 22 NAME | | |
| STREET ADDRESS | 1300 S. CLINTON STREET | 23 STREET ADDRESS | | |
| CITY-ST-ZIP | FT WAYNE, IN 0 | 24 CITY-ST-ZIP | | |
| TITLE | SD | 31 TITLE | ASSISTANT SECRETARY | ☒ Change ☒ Addition |
| NAME | HAYNES, ROBERT E. | 32 NAME | C. SUZANNE WOMACK | |
| STREET ADDRESS | 1300 S. CLINTON ST. | 33 STREET ADDRESS | 1300 S. CLINTON ST. | |
| CITY-ST-ZIP | FT. WAYNE IN | 34 CITY-ST-ZIP | FT WAYNE, IN 46801 | |
| TITLE | T | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | ROSELER, MAX A. | 42 NAME | | |
| STREET ADDRESS | 1300 S CLINTON STREET | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | FT WAYNE, IN 0 | 44 CITY-ST-ZIP | | |
| TITLE | AS | 51 TITLE | ASSISTANT TREASURER | ☒ Change ☒ Addition |
| NAME | HOELLE, LOIS M. | 52 NAME | C. CARL BLACK | |
| STREET ADDRESS | 1300 S CLINTON STREET | 53 STREET ADDRESS | 1300 S. CLINTON ST. | |
| CITY-ST-ZIP | FT.WAYNE IN | 54 CITY-ST-ZIP | FT WAYNE, IN 46801 | |
| TITLE | AS | 61 TITLE | ASSISTANT SECRETARY | ☒ Change ☐ Addition |
| NAME | COX, GLORIA J | 62 NAME | ROBERT K. OAKLEAF | |
| STREET ADDRESS | 1300 S. CLINTON STREET | 63 STREET ADDRESS | 1300 S. CLINTON ST. | |
| CITY-ST-ZIP | FT. WAYNE IN | 64 CITY-ST-ZIP | FT WAYNE, IN 46801 | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

**SIGNATURE:** Max A. Roseler — 4/20/95 — 219-455-2087
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNIFIED OFFICER OR DIRECTOR — Date — Daytime Phone #

0446708 FN