

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 556509 (8)

1. Corporation Name

LINCOLN NATIONAL FINANCIAL SERVICES, INC.



Principal Place of Business

Mailing Address

1300 SOUTH CLINTON STREET
% TAX DEPARTMENT
FORT WAYNE IN 46802-3506

C/O LNL CONTROLLERS
1300 S. CLINTON ST. P.O. BOX 7839
FT. WAYNE IN 46801
US

3. Date Incorporated or Qualified
12/30/1977

3a. Date of Last Report
04/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

46801

30

USA

4. FEI Number
35-1419921

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME JOHN K. LUCAS
STREET ADDRESS 2120 N. DIXIE HWY
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME VPS
STREET ADDRESS REED P. MILLER
CITY-ST-ZIP 1300 S. CLINTON
FT. WAYNE IN

TITLE ☐ DELETE

NAME T
STREET ADDRESS ROESLER, MAX A
CITY-ST-ZIP 1300 S CLINTON ST
FT WAYNE IN

TITLE ☐ DELETE

NAME D
STREET ADDRESS MCPHAIL, GARY R
CITY-ST-ZIP 1300 S CLINTON ST.
FT WAYNE IN

TITLE ☐ DELETE

NAME AS
STREET ADDRESS BEEKS, RENEE L
CITY-ST-ZIP 1300 S. CLINTON ST.
FT. WAYNE IN

TITLE ☐ DELETE

NAME D
STREET ADDRESS BEHRENDT, JOHN M
CITY-ST-ZIP 1300 S. CLINTON ST.
FT. WAYNE IN

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TREASURER

JANEY C WHITNEY

1300 S. CLINTON ST

FORT WAYNE, IN 46801

DIRECTOR

JON A BOSCIA

1300 S. CLINTON ST

FORT 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:

JOHN M. BEHRENDT JOHN M BEHRENDT

4/22/96 (219) 455-2607

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone: #

CR2E034 (12/95)