

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 556509

1. Corporation Name

LINCOLN NATIONAL FINANCIAL SERVICES, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Courtesy

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

12/30/1977

4. FEI Number
35-14 19921

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE

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

TITLE ☒ DELETE

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

TITLE ☐ DELETE

NAME **T**
WHITNEY, JANET C
STREET ADDRESS **1300 S CLINTON ST**
CITY-ST-ZIP **FT WAYNE IN**

TITLE ☐ DELETE

NAME **D**
BRODY, CAROLYN
STREET ADDRESS **1300 S CLINTON ST**
CITY-ST-ZIP **FT WAYNE IN 46801**

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **DIRECTOR**
1.3 STREET ADDRESS **J. MICHAEL HEMP**
1.4 CITY-ST-ZIP **350 CHURCH STREET**
HARTFORD, CT 06103

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **T**
3.3 STREET ADDRESS **CHRZAN, JANET C.**
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Janet C. Chrzan, Treasurer

Date

Daytime Phone #

CR2E034 (11/98)

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90121 031 ***150.00



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