

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90093 038 ***150.00

DOCUMENT # 556509

1. Entity 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 LFA
 1300 S. CLINTON ST. P.O. BOX 7839
 FT. WAYNE IN 46801-7839
 US

2. Principal Place of Business

3. Mailing Address **c/o TRINA MILLS**
P.O. BOX 2239

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
FORT WAYNE, IN

4. FEI Number **35-1419921**

Applied For
 Not Applicable

Zip

Country

Zip
46801-2239

Country
US

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

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, 2000 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 11

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

TITLE Change Addition
 NAME **P LUCAS, JOHN K**
 STREET ADDRESS **800 FAIRWAY DRIVE, SUITE 370**
 CITY-ST-ZIP **DEERFIELD BEACH, FL 33441-1831**

TITLE Delete
 NAME **D HEMP, MICHAEL**
 STREET ADDRESS **350 CHURCH ST.**
 CITY-ST-ZIP **HARTFORD CT 06103**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME **T CHRZAN, JANET C**
 STREET ADDRESS **1500 MARKET STREET, SUITE 3900**
 CITY-ST-ZIP **PHILADELPHIA, PA 19102-2112**

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

TITLE Change Addition
 NAME **VP/D GASE, LUCY D**
 STREET ADDRESS **200 EAST BERRY STREET**
 CITY-ST-ZIP **FORT WAYNE, IN 46802**

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

TITLE Change Addition
 NAME **AS MILLS, TRINA**
 STREET ADDRESS **200 EAST BERRY STREET**
 CITY-ST-ZIP **FORT WAYNE, IN 46802**

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

TITLE Change Addition
 NAME **VP BEHRENDT, JOHN M**
 STREET ADDRESS **200 EAST BERRY STREET**
 CITY-ST-ZIP **FORT WAYNE, IN 46802**

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:

Trina Mills

Trina Mills, Asst. Secretary 4/19/00 (219)455-2562

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #