

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91165 043 ***150.00

DOCUMENT # 556509

1. Entity Name
 LINCOLN NATIONAL FINANCIAL SERVICES, INC.

Principal Place of Business **Mailing Address**
 1300 SOUTH CLINTON STREET c/o TRINA MILLS
 FORT WAYNE, IN 46802 P.O. BOX 2239
 FORT WAYNE, IN 46801-2239

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

35-1419921

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

C0059010

DO NOT WRITE IN THIS SPACE

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, 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 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, Assistant Secretary 4/25/01 (219) 455-2562

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)