

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90089 044 \*\*\*150.00

**DOCUMENT # 822801**

1. Entity Name

**LINCOLN FINANCIAL ADVISORS CORPORATION**

Principal Place of Business

**200 EAST BERRY STREET  
 FORT WAYNE IN 46802-2706  
 US**

Mailing Address

**P O BOX 2239  
 1300 S. CLINTON ST.  
 FORT WAYNE IN 46801-2239  
 US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

**P.O. Box 2239**

Suite, Apt. #, etc.

**200 East Berry Street**

City & State

**Fort Wayne, IN**

Zip

Country

**46801-2239**

**US**

4. FEI Number **35-1151034**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GILLER, GARY</b> <b>7650 RIVER EDGE DR, STE 250</b> <b>COLUMBUS OH</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FO</b> <b>BOYLES, RICHARD C</b> <b>1300 S CLINTON ST</b> <b>FT WAYNE IN</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ROSE, CYNTHIA A</b> <b>1300 S. CLINTON ST.</b> <b>FT WAYNE IN 46801</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>BEHRENDT, JOHN M</b> <b>1300 S CLINTON ST</b> <b>FT WAYNE IN</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>HEMP, J MICHAEL</b> <b>1300 S CLINTON ST</b> <b>FT WAYNE IN</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TVP</b> <b>CHRZAN, JANET</b> <b>1300 SOUTH CLINTON STREET</b> <b>FORT WAYNE FL</b>	<input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP/FO/D</b> <b>LYNCH, MATTHEW</b> <b>350 CHURCH STREET</b> <b>HARTFORD, CT 06103-1106</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>BEHRENDT, JOHN M</b> <b>200 EAST BERRY STREET</b> <b>FORT WAYNE, IN 46802-2706</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TVP</b> <b>CRAWFORD, FREDERICK J</b> <b>1500 MARKET STREET, SUITE 3900</b> <b>PHILADELPHIA, PA 19102-2112</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 4/25/01 455-2562**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)