

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**  
 04-30-2001 90089 045 \*\*\*150.00

**DOCUMENT # 830778**

1. Entity Name

**LINCOLN LIFE AND ANNUITY DISTRIBUTORS, INC.**

Principal Place of Business

Mailing Address

% TAX DEPARTMENT  
 1300 S. CLINTON STREET  
 FT. WAYNE IN 46802-3506

PO BOX 2239  
 FT. WAYNE IN 46801  
 US

2. Principal Place of Business

**c/o Trina Mills**

3. Mailing Address

**c/o Trina Mills**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**1300 South Clinton Street**

**P.O. Box 2239**

City & State

City & State

**Fort Wayne, IN**

**Fort Wayne, IN**

Zip

Country

Zip

Country

**46802**

**46801-2239**

4. FEI Number

**35-1299729**

Applied For

Not Applicable

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, 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 **VPT** ☒ Delete  
 NAME **CHYZAN, JANET C**  
 STREET ADDRESS **1500 MARKET ST, STE 3900**  
 CITY-STATE-ZIP **PHILADELPHIA PA 19102-3900**

TITLE **VPT** ☐ Change ☒ Addition  
 NAME **CRAWFORD, FREDERICK J**  
 STREET ADDRESS **1500 MARKET STREET, SUITE 3900**  
 CITY-STATE-ZIP **PHILADELPHIA, PA 19102-2112**

TITLE **S** ☐ Delete  
 NAME **ROSE, CYNTHIA A**  
 STREET ADDRESS **1300 S CLINTON ST**  
 CITY-STATE-ZIP **FT WAYNE IN**

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

TITLE **VP** ☐ Delete  
 NAME **BEHRENDT, JOHN M**  
 STREET ADDRESS **200 E BERRY ST**  
 CITY-STATE-ZIP **FORT WAYNE IN 46802**

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

TITLE **AS** ☐ Delete  
 NAME **MILLS, TRINA**  
 STREET ADDRESS **200 E BERRY ST**  
 CITY-STATE-ZIP **FORT WAYNE IN 46802**

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

TITLE **PD** ☐ Delete  
 NAME **HEMP, J. MICHAEL**  
 STREET ADDRESS **350 CHURCH ST**  
 CITY-STATE-ZIP **HARTFORD CT 06103**

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

TITLE **VPFD** ☐ Delete  
 NAME **LYNCH, MATTHEW**  
 STREET ADDRESS **350 CHURCH ST**  
 CITY-STATE-ZIP **HARTFORD CT 06103-1106**

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-STATE-ZIP ☐ Change ☐ 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 a duly 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 4/25/01 219-455-2562**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (10/00)