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FILED

Apr 23 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 846490

(1)

1. Corporation Name

LINSCO/PRIVATE LEDGER CORP.

Principal Place of Business

5935 CORNERSTONE COURT W.  
SAN DIEGO CA 92121

Mailing Address

5935 CORNERSTONE COURT W.  
SAN DIEGO CA 92121-3711

3. Date Incorporated or Qualified

07/15/1980

3a. Date of Last Report

04/16/1996

4. FEI Number

95-2834236

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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	PD	<input type="checkbox"/> DELETE
NAME	BUTTERFIELD, DAVID H.	
STREET ADDRESS	136 ADAMS POINTE RD.	
CITY - ST - ZIP	BARRINGTON RI	
TITLE	M	<input type="checkbox"/> DELETE
NAME	FORSLUND, KAREN	
STREET ADDRESS	526 B STRATFORD COURT	
CITY - ST - ZIP	DEL MAR CA	
TITLE	MT	<input type="checkbox"/> DELETE
NAME	MICHELETTI, ANDREW	
STREET ADDRESS	831 HAVENHURST POINT	
CITY - ST - ZIP	LAJOLLA CA	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	ROBINSON, TODD A.	
STREET ADDRESS	FOUR LONGFELLOW PLACE	
CITY - ST - ZIP	BOSTON MA	
TITLE	MS	<input type="checkbox"/> DELETE
NAME	BROWN, STEPHANIE L	
STREET ADDRESS	220 BOYLSTON ST #1002	
CITY - ST - ZIP	BOSTON MA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBINSON, RODERICK A.	
STREET ADDRESS	RIVERSIDE DRIVE	
CITY - ST - ZIP	CHINA ME	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do 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 12 or Block 13 if changed or on an attachment with an address. STEPHANIE L. BROWN

SIGNATURE:

*Stephanie L. Brown*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/97

Date

(617)423-3644

Daytime Phone

CR2E034 (9/96)