

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Apr 28 1998 8:00am
Secretary of State

DOCUMENT # 846490

(1)

1. Corporation Name

LINSO/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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

155 Federal Street

27

Suite, Apt. #, etc.
14th Floor

28

City & State
Boston, MA

29

Zip
02110

30

Country

USA

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

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 of officer or director of corporation or of the registered agent

(Not a Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12 | |
|----------------------------|-----------------------------|--|--|
| TITLE | PD BUTTERFIELD, DAVID H. | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 136 ADAMS POINTE RD. | 1.2 NAME | |
| STREET ADDRESS | BARRINGTON RI | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 1.4 CITY - ST - ZIP | |
| TITLE | M FORSLUND, KAREN | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 526 B STRATFORD COURT | 2.2 NAME | |
| STREET ADDRESS | DEL MAR CA | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 2.4 CITY - ST - ZIP | |
| TITLE | MT MICHELETTI, ANDREW | 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | 831 HAVENHURST POINT | 3.2 NAME | David W. Collett |
| STREET ADDRESS | LAJOLLA CA | 3.3 STREET ADDRESS | 629 Bainbridge Street |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | Foster City, CA 94404 |
| TITLE | CD ROBINSON, TODD A. | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FOUR LONGFELLOW PLACE | 4.2 NAME | |
| STREET ADDRESS | BOSTON MA | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | MS BROWN, STEPHANIE L | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 220 BOYLSTON ST #1002 | 5.2 NAME | 100002505421 |
| STREET ADDRESS | BOSTON MA | 5.3 STREET ADDRESS | -04/29/98--01067--033 |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | ***150.00 |
| TITLE | D ROBINSON, RODERICK A. | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RIVERSIDE DRIVE | 6.2 NAME | |
| STREET ADDRESS | CHINA ME | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 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. 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, changed or on an attachment with an address

SIGNATURE:

Stephanie L Brown

4-23-98

(617)423-3644

CR2E034 (9/96)

PE
4.28