

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

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90115 004 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 846490**

1. Corporation Name  
**LINSICO/PRIVATE LEDGER CORP.**

Principal Place of Business  
**5935 CORNERSTONE COURT W.  
SAN DIEGO CA 92121**

Mailing Address  
**155 FEDERAL STREET  
14TH FLOOR  
BOSTON MA 02110**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/15/1980**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

**21 9785 Towne Centre Drive**

Suite, Apt. #, etc.

**22**

**27**

**23 San Diego, CA**

City & State

**24 92121-1968**

Zip Country

**29 30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

**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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE  
NAME **BUTTERFIELD, DAVID H.**  
STREET ADDRESS **136 ADAMS POINTE RD.**  
CITY-ST-ZIP **BARRINGTON RI**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **M** ☐ DELETE  
NAME **FORSLUND, KAREN**  
STREET ADDRESS **526 B STRATFORD COURT**  
CITY-ST-ZIP **DEL MAR CA**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **MT** ☐ DELETE  
NAME **COLLETT, DAVID W**  
STREET ADDRESS **629 BAINBRIDGE STREET**  
CITY-ST-ZIP **FOSTER CITY CA 94404**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **CD** ☐ DELETE  
NAME **ROBINSON, TODD A.**  
STREET ADDRESS **FOUR LONGFELLOW PLACE**  
CITY-ST-ZIP **BOSTON MA**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **MS** ☐ DELETE  
NAME **BROWN, STEPHANIE L**  
STREET ADDRESS **220 BOYLSTON ST #1002**  
CITY-ST-ZIP **BOSTON MA**

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS **99 Revere Street**  
5.4 CITY-ST-ZIP **Boston, MA 02114**

TITLE **D** ☐ DELETE  
NAME **ROBINSON, RODERICK A.**  
STREET ADDRESS **RIVERSIDE DRIVE**  
CITY-ST-ZIP **CHINA ME**

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS **Lakeview Drive, Fireroad 28**  
6.4 CITY-ST-ZIP **China, ME 04926**

14. 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 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, with all other like empowered.

SIGNATURE:

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

*2/8/99 (617) 423-3644*  
Date Daytime Phone #

CR2E034 (11/98)