

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90004 049 \*\*\*150.00

**DOCUMENT # 846490**

1. Entity Name

LINSICO/PRIVATE LEDGER CORP.



Principal Place of Business

9785 TOWNE CENTRE DRIVE  
SAN DIEGO CA 92121-1958

Mailing Address

ONE BEACON ST., 22ND FLOOR  
BOSTON MA 02108

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

95-2834236

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

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PCEO ☒ Delete  
NAME BUTTERFIELD, DAVID H.  
STREET ADDRESS PARK TOWERS 1 HUGHES CENTER DR #405 S  
CITY-ST-ZIP LAS VEGAS NV 89109

TITLE CFO ☐ Delete  
NAME BUTTERFIELD, DAVID H  
STREET ADDRESS 1 HUGHES CENTER DR., #405 SOUTH  
CITY-ST-ZIP LAS VEGAS NV 89109

TITLE CEO ☐ Delete  
NAME ROBINSON, TODD A.  
STREET ADDRESS 25 HUCKLEBERRY HILL  
CITY-ST-ZIP LINCOLN MA 01773

TITLE MS ☐ Delete  
NAME BROWN, STEPHANIE L  
STREET ADDRESS 99 REVERE STREET  
CITY-ST-ZIP BOSTON MA 02114

TITLE D ☐ Delete  
NAME ROBINSON, RODERICK A.  
STREET ADDRESS JUNIPER LANE, ROADSEND  
CITY-ST-ZIP UNITY ME 04988

TITLE COOP ☐ Delete  
NAME CASADY, MARK  
STREET ADDRESS 3 SUMMIT RD.  
CITY-ST-ZIP WESTON MA 02493

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CFO & Executive Dir. of Acc/Finance ☒ Addition  
NAME David R. Kimm  
STREET ADDRESS 3427 Via Monte Verde  
CITY-ST-ZIP Olivenhain, CA 92024

TITLE Vice Chairman & Director ☒ Change ☐ Addition  
NAME David H. Butterfield  
STREET ADDRESS Park Towers, 1 Hughes Center Drive #405  
CITY-ST-ZIP South, Las Vegas, NV 89109

TITLE CEO & Director ☐ Change ☒ Addition  
NAME Todd A. Robinson  
STREET ADDRESS 25 Huckleberry Hill  
CITY-ST-ZIP Lincoln, MA 01773

TITLE Secretary, Managing Dir. & Gen. Counsel ☐ Change ☒ Addition  
NAME Stephanie L. Brown  
STREET ADDRESS 99 Revere Street  
CITY-ST-ZIP Boston, MA 02114

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Stephanie L. Brown*

Secretary

03-08-04 617-423-3644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4340