


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90354 008 \*\*\*150.00

<b>DOCUMENT # 846490</b>	
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
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20049443



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01052005 Chg-P CR2E034 (10/03)

4. FEI Number 95-2834236		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

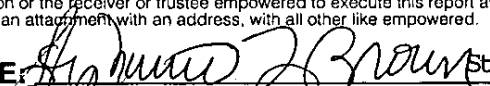
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOE KIMM, DAVID R 3427 VIA MONTE VERDE ENCINITAS, CA 92024 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chief Financial Officer/Exec. V.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition C. William Maher 15050 Saddlebrook Lane Poway, CA 92064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD BUTTERFIELD, DAVID H APARK TOWERS, 1 HUGHES CENTER DR., #405 LAS VEGAS, NV 89109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO ROBINSON, TODD A 25 HUCKLEBERRY HILL LINCOLN, MA 01773 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Robinson, Todd A. 468 Greenfield Road Peterborough, NH 03458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MS BROWN, STEPHANIE L 99 REVERE STREET BOSTON, MA 02114 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, RODERICK A. JUNIPER LANE, ROADSEND UNITY, ME 04988 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COOP CASADY, MARK 3 SUMMIT RD. WESTON, MA 02493 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chief Executive Officer/President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Casady, Mark S. 3 Summit Road Weston, MA 02493

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** **04-22-05-** **3644** **(617) 423-**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #