

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 848370 (3)

1. Corporation Name

LINCOLN INVESTMENT PLANNING, INC.



Principal Place of Business

THE FORST PAVILION
218 GLENSIDE AVE.
WYNCOTE PA 19095-1595

Mailing Address

THE FORST PAVILION
218 GLENSIDE AVE.
WYNCOTE PA 19095-1595

3. Date Incorporated or Qualified

02/27/1981

3a. Date of Last Report

04/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

23-1702591

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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SO PINE ISLAND RD
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 not applicable

(NOTE: Registered Agent signature required when not applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
TD
FORST, HARRY S
1330 MILL CREEK RD
SOUTHAMPTON PA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
PSD
FORST, JR., EDWARD
7413 BARCLAY ROAD
CHELTENHAM PA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
D
FORST, ROSEMARIE
216 STONEHOUSE LANE
WYNCOTE PA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
VSD
FORST, THOMAS
885 N EASTON RD, APT 9B-2
GLENSIDE PA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
D
FORST-PAULUS, MARIELLEN
145 BLAKE AVE
ROCKLEDGE PA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
D
O'NEILL, KAREN A
713 CHELTENA AVE
JENKINTOWN PA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

4.1 TITLE ☒ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

6.1 TITLE ☒ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

Vice-President / Director
Forst, Thomas
211 Stefan Road
North Wales, PA 19454

Corporate Secretary / Director
O'Neill, Karen A.
713 Cheltena Avenue
JenKintown, PA 19046

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE

X Karen O'Neill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/96 215-887-8111 x1353

Date

Telephone

CR2E034 (12/95)