

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90109 002 ***150.00

DOCUMENT # 848370

1. Entity Name

LINCOLN INVESTMENT PLANNING, INC.

Principal Place of Business

Mailing Address

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

THE FORST PAVILION
 218 GLENSIDE AVE.
 WYNCOTE PA 19095-1534

00002300



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-1702591

Applied For

Not Applicable

Zip

Country

Zip

Country

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 SO PINE ISLAND RD
 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **TD FORST, HARRY**
 STREET ADDRESS **100 GOLF VIEW DR**
 CITY-ST-ZIP **IVYLAND PA 18974**

TITLE Change Addition
 NAME **D EDWARD S. FORST**
 STREET ADDRESS **1861 EDMUND ROAD**
 CITY-ST-ZIP **ABINGTON, PA 19001**

TITLE Delete
 NAME **PD FORST, JR., EDWARD**
 STREET ADDRESS **7413 BARCLAY ROAD**
 CITY-ST-ZIP **CHELTENHAM PA**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VPD FORST, THOMAS**
 STREET ADDRESS **211 STEFAN ROAD**
 CITY-ST-ZIP **NORTH WALES PA**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD O'NEILL, KAREN A**
 STREET ADDRESS **713 CHELTENA AVE**
 CITY-ST-ZIP **JENKINTOWN PA**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/6/00 Daytime Phone #: 215-887-8111

CR2E034 (9/99)