
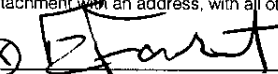


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90339 040 \*\*\*150.00

<b>DOCUMENT # 848370</b>					
1. Entity Name LINCOLN INVESTMENT PLANNING, INC.					
Principal Place of Business THE FORST PAVILION 218 GLENSIDE AVE. WYNCOTE, PA 19095			Mailing Address THE FORST PAVILION 218 GLENSIDE AVE. WYNCOTE, PA 19095		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01132004 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number 23-1702591	
				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				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	FORST, EDWARD S SR	NAME	Harry S. Forst		
STREET ADDRESS	1861 EDMUND ROAD	STREET ADDRESS	100 Golf View Drive		
CITY-ST-ZIP	ABINGTON, PA 19001	CITY-ST-ZIP	Ivyland, PA 18974		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FORST, JR., EDWARD	NAME			
STREET ADDRESS	169 GREENWOOD AVENUE APT K4	STREET ADDRESS			
CITY-ST-ZIP	JENKINTOWN, PA 19046	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FORST, ROSEMARIE	NAME			
STREET ADDRESS	216 STONEHOUSE LANE	STREET ADDRESS			
CITY-ST-ZIP	WYNCOTE, PA 19095	CITY-ST-ZIP			
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FORST, THOMAS	NAME			
STREET ADDRESS	211 STEFAN ROAD	STREET ADDRESS			
CITY-ST-ZIP	NORTH WALES, PA 19454	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FORST-PAULUS, MARIELLEN	NAME			
STREET ADDRESS	145 BLAKE AVE	STREET ADDRESS			
CITY-ST-ZIP	JENKINTOWN, PA 19046	CITY-ST-ZIP			
TITLE	SD <input type="checkbox"/> Delete	TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	O'NEILL, KAREN A	NAME	O'Neill, Karen A		
STREET ADDRESS	713 CHELTENA AVE	STREET ADDRESS	1180 Evansburg Road		
CITY-ST-ZIP	JENKINTOWN, PA 19046	CITY-ST-ZIP	Collegeville, PA 19426		
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: 		Edward Forst, Jr.		4/15/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 215-887-8111	

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