


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 854806 (7)
1. Corporation Name
LINC CAPITAL, INC.

Principal Place of Business
303 E. WACKER DRIVE
SUITE 1000
CHICAGO IL 60601
US

Mailing Address
303 E. WACKER DRIVE
SUITE 1000
CHICAGO IL 60601
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/30/1982	4. FEI Number 06-0850149	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ZIMMERMAN, MARTIN E.	
STREET ADDRESS	2856 SHERIDAN PLACE	
CITY-ST-ZIP	EVANSTON IL	
TITLE	EVD	<input type="checkbox"/> DELETE
NAME	PALLES, ALLEN P.	
STREET ADDRESS	56 FAIRVIEW	
CITY-ST-ZIP	DEERFIELD IL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	REDEL, BONNIE L.	
STREET ADDRESS	25 IRONWOOD CT.	
CITY-ST-ZIP	FRANKFORT IL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	LANG, R. E	
STREET ADDRESS	1385 N GREENBAY ROAD	
CITY-ST-ZIP	LAKE FOREST IL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SAVICKAS, LESLIE M.	
STREET ADDRESS	14 E FIFTH STREET	
CITY-ST-ZIP	HINSDALE IL	
TITLE	SVPS	<input type="checkbox"/> DELETE
NAME	FROBERG, JAMES G	
STREET ADDRESS	303 E. WACKER DR., #1000	
CITY-ST-ZIP	CHICAGO IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Zimmerman, Martin E	
1.3 STREET ADDRESS	100 E. Bellevue Place, #260	
1.4 CITY-ST-ZIP	Chicago, IL 60611	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	O'Brien, Eileen	
5.3 STREET ADDRESS	303 E. Wacker Dr. #1000	
5.4 CITY-ST-ZIP	Chicago, IL 60611	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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:

[Signature]

4/15/98 13121946-1000

CR2E034 (10/97)