2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 857717

Title:

Name:

Address:

City-St-Zip:

FILED Jan 04, 2006 Secretary of State

Entity Name: LINCOLN FINANCIAL DISTRIBUTORS, INC.						
Current Principal Place of Business:			New Principal Place of Business:			
2001 MARK	MERCE SQUA (ET STREET PHIA, PA 1910:					
Current Mailing Address:			New Mailing Address:			
350 CHUR(RY WHITAKER CH STREET D, CT 06103					
FEI Number:	06-0841987	FEI Number Applied For ()	FEI Number Not Appli	clicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
1201 HAYS TALLAHAS	SEE, FL 32301	US	urpose of changing it	its registered office or registered agent, or both,		
in the State			p	,,		
SIGNATUR						
		Signature of Registered Ager	nt	Date		
Election Cam	paign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	THOMPSON, WE	2001 MARKET ST	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	KITTREDGE, DA	2001 MARKET ST	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	CFOD () E SMITH, MICHAEL 2001 MARKET S' PHILADELPHIA, E	Γ.	Title: Name: Address: City-St-Zip:	DIR (X) Change () Addition MCCARTHY, DIANE 2001 MARKET ST. PHILADELPHIA, PA 19103		
Title: Name: Address: City-St-Zip:	S ()E BYRER, JOYCE 1300 S CLINTON FORT WAYNE, IN	ST.	Title: Name: Address: City-St-Zip:	S (X) Change () Addition ONDECKER, MARILYN K 1300 S CLINTON ST. FORT WAYNE, IN 46802		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: CHARITO WHITAKER **AVP** 01/04/2006

() Delete

() Change (X) Addition

WHITAKER, CHARITO

HARTFORD, CT 06103

350 CHURCH STREET, MLB1