CR2E034 (9/01

2002 Uniform Business Report (UBR)

Apr 08, 2002 8:00 am Secretary of State DOCUMENT # F00000002481 1. Entity Name 04-08-2002 90218 004 ***150.00 LINCOLN REALTY CAPITAL CORPORATION Principal Place of Business Mailing Address 200 EAST BERRY STREET 200 EAST BERRY STREET FORT WAYNE IN 46802 FORT WAYNE IN 46802 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 35-2085947 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent - - - - - - -Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 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. S 4 1 14 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Change Addition TITLE PD ☐ Delete NAME BRODY, STEVEN R NAME STREET ADDRESS 1421 SEVAN LAKE COURT STREET ADDRESS CITY-ST-ZIP **FORT WAYNE IN 46825** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME Jensen, Leif D NAME STREET ADDRESS STREET ADDRESS 2619 BARRY_KNOLL_WAY CITY-ST-7P CITY-ST-ZIP FORT WAYNE IN 46845 TITLE VD. ☐ Delete TITLE ☐ Change ■ Addition NAME NAME KORINKE, WALTER M STREET ADDRESS STREET ADDRESS 2830 COVINGTON RESERVE PARKWAY CITY-ST-7IP CITY-ST-ZIP FORT WAYNE IN 46804 2VPT **XX**Delete ☐ Change XX Addition TITLE TITLE NAME NAME MONTGOMERY, MARYBETH SUMMERS, ELDON J. STREET ADDRESS STREET ADDRESS 3911 VIDA DRIVE 3127 COUNTRYPARK LANE CITY-ST-ZIP CITY-ST-ZIP FORT WAYNE IN 46815 FORT WAYNE IN 46815 TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME STEPHENSON, TODD R STREET ADDRESS STREET ADDRESS 11104 CREEKWOOD CT. CITY-ST-ZIP CITY-ST-ZIP FORT WAYNE IN 45814 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME ROSE, CYNTHIA A STREET ADDRESS STREET ADDRESS 3380 WEST 1200 NORTH CITY-ST-7IP **DECATUR IN 46733** CITY-ST-7IP 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

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered.

CSOURESIDENT/Director E OF SIGNING OFFICER OR DIRECTOR

March 20, 2002

260-455-5390